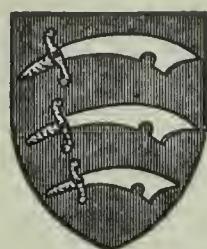


AC. 4411

LXXXIII  
1972

COUNTY COUNCIL OF ESSEX



**REPORT**

of the

COUNTY MEDICAL OFFICER OF HEALTH

for the Year

**1972**



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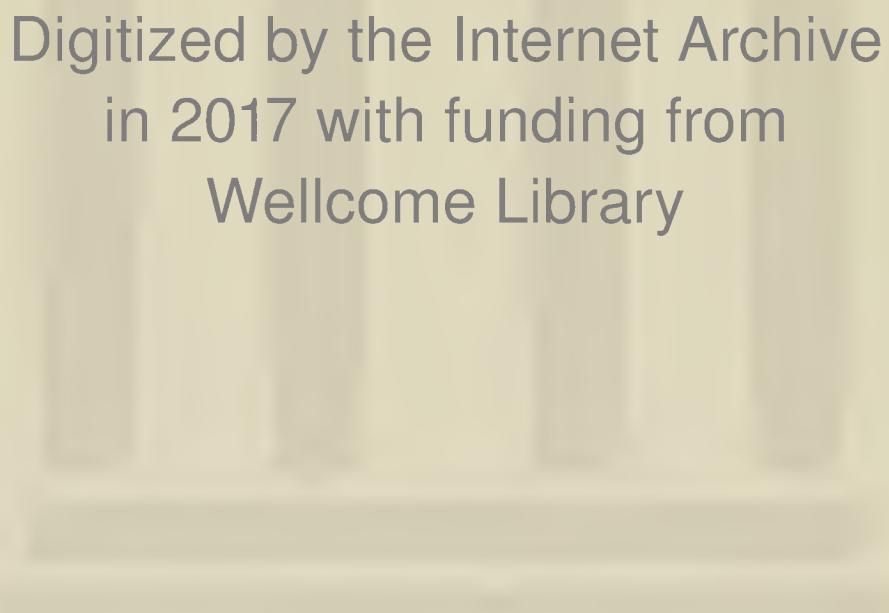
**1972**

J. A. C. Franklin, M.B., B.S., M.R.C.S., L.R.C.P., F.F.C.M., D.P.H.

County Medical Officer of Health

85/89 New London Road, Chelmsford

Tel: Chelmsford 53233



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## P R E F A C E

85-89 New London Road,  
Chelmsford, Essex.

*Telephone:* Chelmsford 53233

SEPTEMBER 1973

*To the Chairman, Aldermen and Councillors of the County Council of Essex*

Madam Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report for 1972 as required by Department of Health and Social Security Circular 1/73. This is the eighth report I have had the privilege of preparing and the eighty-third in respect of the administrative county.

Once again, I am pleased to report that no insoluble problems have been encountered in the maintenance of the satisfactory standards of health in the County, which, as is usual, showed the expected significant increase in the number of persons residing here.

There are however some items in the report to which I should like to draw attention. Firstly, the introduction of a psychiatric district nursing service. For the time being this will be regarded as part of the community nursing services with the staff working in close co-operation with their hospital counterparts and in fact the hospital authorities are sharing some of the costs. It is likely that schemes such as this may gather much more impetus when the National Health Service is reorganised in 1974. There were also encouraging developments in the field of co-operation between the local health services and those provided by the National Health Service Executive Council for Essex as indicated by the opening of four new health centres and by work going on in connection with the provision of two more, although, unfortunately, it now appears that it is Government policy for this particular form of development to be slowed down.

It will be noted that the percentage of confinements taking place in hospitals has again risen and that this was general throughout the whole of the county, except in South-East Essex where, as in the previous year, there were some local problems.

It is a matter of some satisfaction that additional chiropodists have been recruited so that it is beginning to be possible to offer this service to a wider range of the population. Unfortunately, staff recruitment in respect of other types of professional staff shows little sign of improvement and this is particularly noticeable in the case of nursing staff.

The "Don't Hoard Medicines" campaign referred to in the health education section may be of some interest and a useful lesson was learned from this which will be borne in mind in the future. There was a series of campaigns covering the county but the first and pilot scheme was by far the most successful due, I am sure, to television coverage which was not available for the other schemes.

It will be seen that two small-scale domiciliary family planning schemes have been started, although the results initially have not been very encouraging; this poses the question as to which methods should be adopted to ensure that all those who might particularly benefit from advice on family planning can be encouraged to obtain and act upon it.

So far as the ambulance service is concerned, the most significant development was the complete replacement of outmoded radio equipment. The new equipment which has been purchased is such that additional units can be attached in subsequent years, which will enable the control staff to obtain up-to-date information about vehicle location and loading etc. without the necessity to interrogate the ambulance crews themselves. The new equipment already in use has shown marked advantages over that which it replaced.

Despite many setbacks and delays the project for providing a residential regional ambulance training centre has at last become a reality and by the time this report is published it is hoped that the centre will be in use. Training is important in every sphere of activity nowadays but perhaps especially so in the case of ambulance staff who more often than ever before have to attend the scenes of sometimes horrific road accidents, not always caused by road conditions but by the crass stupidity of some drivers, to assist in rescuing the injured and saving lives.

It was fortuitous that the accommodation leased for this centre was more than the ambulance service required so that as well as having a first-rate training centre we will also, by the Autumn of 1973, have the benefit of a much more suitable health education centre which will enable this service to expand and develop.

In the field of the environmental health service the dangers from tipping of toxic wastes received national attention culminating in the Deposit of Poisonous Waste Act, 1972. This will place a great burden on the new County Council and preparations are being made to ensure that good environmental standards are maintained in the administrative county. In this respect it is intended to employ a chemist with special knowledge to ensure the proper overall surveillance of present and future arrangements for the disposal of toxic wastes.

This year there are two special items in the report which must be mentioned. The first relates to the provision of an occupational health service - this has not previously been emphasised but has been developing and expanding slowly and steadily over the past few years. A number of ideas for

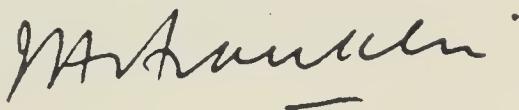
further improvements are in mind which it is hoped the new County Council, as a major employer, will encourage and adopt even if, as seems probable, the staff engaged in providing this service are employed by the new health authorities. The other concerns the work undertaken in connection with the arrival last Autumn of large numbers of Asians when they had to leave Uganda hurriedly. The main port of entry was Stansted Airport and the Appendix to this report gives a full account of the activities of the staff of the Department in this operation. It is encouraging to note that even in this very materialistic age people are still prepared, in situations like this, to undertake work outside their normal range and responsibilities without thought of reward or recognition.

The National Health Service Reorganisation Act, 1973 has finally reached the Statute Book and as well as myself and my Deputy many senior members of the staff of the Department have been much involved in various working parties and working groups in order to formulate initial plans and suggestions for the new Essex Area Health Authority and undoubtedly there will be a great deal more to do in the few months remaining before reorganisation on 1st April 1974. There are still a large number of unresolved problems and it is to be hoped that those affecting such things as the appointment of staff, location of work and other matters which affect individual officers, many of whom have given long years of service, will be satisfactorily determined before too long.

As in my other reports, I wish to place on record the help and encouragement received from Members of the County Council and the loyal support given to me by all the staff under my control.

I am, Ladies and Gentlemen,

Your obedient Servant,



County Medical Officer of Health

# COUNTY COUNCIL OF ESSEX

## HEALTH COMMITTEE

(as at 31st December 1972)

*Chairman* – Alderman Mrs. M. R. Davey

*Vice-Chairman* – Councillor Mrs. I. H. Nelson Parker

### County Council Members –

#### *Aldermen* –

F. W. Aylmore	J. L. M. Crofton
*Mrs. F. L. Coker	A. Jones, M.B.E., J.P.
*Brig. T. F. J. Collins, C.B.E., D.L.	*G. C. Waterer, B.Sc. W. R. Wright, M.Inst., M.S.M.

#### *Councillors* –

D. E. Affleck	Mrs. E. I. V. Morris
Mrs. K. M. C. Bennett	W. P. O'Donoghue, M.B.E.
M. J. Cullen	R. W. Payne
J. J. Davidson	C. W. Pell
P. R. Elliott	H. G. Pembroke
R. G. Fairhead	G. A. Pickett
Mrs. L. I. Greenfield	W. C. Redbond
P. J. Harty	Mrs. E. M. Tuck
Group Captain H.P. Johnston, O.B.E.	C. L. Tuckwell
Mrs. J. M. Jones	Brig. J. C. B. Wakeford, C.M.G., C.Eng., F.I.C.E., F.I.Mech.E., M.Inst.T.
H. J. Mead	R. A. Wale, F.S.V.A.
D. N. Merrells	
	H. Williams

#### *Other Members* –

Mrs. C. D. Adams	Mr. J. E. Morgan
Mr. A. C. Alen	Mrs. A. M. Reisner, B.A.
Mr. J. T. Desormeaux	Mrs. A. M. Smith
Brig. F. S. Eiloart O.B.E.	Mrs. J. M. Smith
Dr. S. C. Emerick	Mrs. J. G. Wainwright
Miss E. M. Leggatt	Mrs. E. A. Whalley
	Mr. L. B. Wickes

*\*Ex-officio Member*

# STAFF OF THE HEALTH DEPARTMENT

(as at 31st December 1972)

## 1. CENTRAL OFFICE

### *County Medical Officer of Health:*

J. A. C. Franklin, M.B., B.S., M.R.C.S., L.R.C.P., F.F.C.M., D.P.H.

### *Deputy County Medical Officer of Health:*

R. D. Pearce, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.

### *Principal Medical Officer:*

Elizabeth M. Sefton, M.R.C.S., L.R.C.P., D.C.H., M.F.C.M., D.P.H.

### *Senior Medical Officer:*

\*B. Matheson, M.B., Ch.B., D.P.M., M.R.C.Psych.

### *Medical Officers:*

\*Lilian Bates, M.D. (Paris), D.P.H.

\*M. E. York-Moore, M.B., B.S., M.R.C.S., L.R.C.P., D.(Obst.),  
R.C.O.G., D.P.M.

### *Consultant Audiologist:*

\*A. N. Cammock, B.A., B.H., B.Ch., D.L.O.

### *Chief Dental Officer:*

J. C. Timmis, L.D.S., R.C.S., D.D.P.H.

### *Orthodontist:*

H. Levison, B.D.S., L.D.S., F.D.S., D.Orth.

### *Director of Nursing Services:*

Miss J. F. Carre, S.R.N., S.C.M., Q.N., H.V.Cert., M.R.S.H.

### *Principal Nursing Officer:*

Miss V. I. Mant, S.R.N., S.C.M., H.V.Cert., Dip.Soc.Stud., M.R.S.H.

### *District Nurse Tutor:*

†P. Harvey, S.R.N., Q.N., F.E.T.Cert.

### *County Health Inspector:*

M. E. Rousell, M.A.P.H.I., M.R.S.H.

### *Assistant County Health Inspectors:*

W. J. M. Hodgkins, M.A.P.H.I., M.R.S.H.

N. D. Gayler, Cert.P.H.I.E.B.

\*Part-time officers

†Part-time post

Technical Assistant:

\*A. G. Chambers

*Sampling Officer:*  
L. A. Rowlands

*County Ambulance Officer:*  
R. A. Cupit

*Assistant County Ambulance Officer:*  
D. P. Bullough

*Chief Chiropody Officer:*  
L. C. G. Borsberry, M.Ch.S., M.R.S.H., S.R.Ch.

*County Speech Therapist:*  
Miss J. K. Austin, D.T.S.T., L.C.S.T.

*County Health Education Officer:*  
C. E. Williams

*Assistant County Health Education Officer:*  
G. H. White

*Dental Health Assistant:*  
\*Mrs. S. Chopping

*Senior Technical Assistant:*  
N. S. Palmer

*Technical Assistants:*  
B. Deakins  
M. S. Walsh

*Health Suite Nurses:*  
Mrs. B. Floyd, S.R.N.  
Mrs. D. Sumter, S.R.N.

*Statistician:*  
W. H. Leak, B.A., F.S.S.

*Chief Administrative Officer:*  
E. W. Amos

*Principal Administrative Officers:*  
D. C. Parker  
D. P. Flatt, A.R.S.H.  
R. W. Kirby, D.M.S., D.M.A.  
C. E. Boden, D.M.A.

*Administrative and Clerical Staff:*  
42 Whole-time and 3 Part-time

\**Part-time officer*

## 2. CENTRALLY ADMINISTERED SERVICES

Ambulance Service:

Training Officer . . . . .	1
Ambulance Instructors . . . . .	3
Area Superintendents . . . . .	2
Superintendent (In-Service Training) . . . . .	1
Control Supervisor . . . . .	1
Controllers . . . . .	5
Assistant Controllers . . . . .	4
Control Operatives . . . . .	10
Assistant Planning Officer . . . . .	1
Station Officers . . . . .	4
Clerk Telephonists . . . . .	8.5
Head Drivers . . . . .	27
Senior Ambulancemen . . . . .	21
Driver Attendants . . . . .	291
Transport Officers . . . . .	7

## 3. MEDICAL OFFICERS OF HEALTH OF AUTHORITIES WITH DELEGATED POWERS

Colchester M.B.C.	*M. Bush, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H.
Basildon U.D.C.	*P. X. O'Dwyer, M.B., B.Ch., D.P.H.

## 4. AREA MEDICAL OFFICERS

North-East Essex	*M. Bush, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H.
Mid-Essex	*J. A. Slattery, M.R.C.S., L.R.C.P., D.P.H.
South-East Essex	*D. A. Smyth, M.B., B.S., D.P.H., F.R.S.H., M.F.C.M., F.R.I.P.H.H., C.P.H.
West Essex	*A. Afnan, M.D., D.P.H., D.L.O., L.A.H.
Harlow	*I. Ash, M.D., D.P.H., M.F.C.M.
Thurrock	*T. D. Blott, B.Sc., B.L., M.B., B.S., D.P.H.

*\*Part-time Officer*

## 5. DELEGATED AND DECENTRALISED SERVICES

	Establishment	No. employed (equivalent) whole-time
<b>Administrative and clerical –</b>		
Offices	145.5	141.9
Health Centres	26.65	22.5
Health Services Clinics	58.45	44.37
<b>Chiropody –</b>		
Area Chiropodists	7.0	7.0
Chiropodists	39.0	34.63
<b>Dental –</b>		
Area Dental Officers	8.0	8.0
Dental Officers	40.0	32.7
Dental Auxiliaries	9.0	7.1
Dental Surgery Assistants	60.0	48.4
<b>Health Education –</b>		
Area Health Education Officers	6.5	4.5
<b>Medical –</b>		
Senior Medical Officers	7.0	4.9
Medical Officers	36.12	34.65
<b>Nursing –</b>		
Area Nursing Officers	7.0	7.0
Nursing Officers	40.0	18.0
Health Visitors/Tuberculosis Visitors	195.0	168.6
Ancillary Nurses	57.7	55.92
Nurses (Health Centres)	7.0	6.7
Midwives, Home Nurse/Midwives and		
Home Nurses and District Auxiliaries	365.0	342.6
Nursery Nurses and Assistants		
(Child Development)	10.5	7.9

## SECTION I — STATISTICAL

As requested by the Department of Health and Social Security certain vital statistics relating to mothers and infants are given below. The statistics for 1970 and 1971 are also given for comparative purposes.

	1970	1971	1972
<b>Live Births</b>			
Number	19,731	20,738	19,611
Rate (per 1,000 population)	16.7	17.3	16.0
Percent'ge registered as illegitimate	5.1	5.1	5.2
<b>Stillbirths</b>			
Number	211	218	195
Rate (per 1,000 total births)	10.6	10.4	9.8
<b>Total Births (live and still)</b>	<b>19,942</b>	<b>20,956</b>	<b>19,806</b>
<b>Infant Mortality</b>			
Number of deaths under 1 year	297	286	272
Rate per 1,000 live births (all infants)	15.1	13.8	13.9
Rate per 1,000 live births (legitimate infants)	14.5	13.7	13.5
Rate per 1,000 live births (illegitimate infants)	26.0	15.2	20.4
Neonatal (first four weeks) mortality rate	10.1	10.6	9.5
Early neonatal (first week) mortality rate	8.8	9.1	8.5
Perinatal (stillbirths and first week) mortality rate	19.3	19.4	18.2
<b>Maternal Mortality (including abortions)</b>			
Number of deaths	2	0	3
Rate per 1,000 total births	0.10	0	0.15

Most of these statistics are commented upon elsewhere in this report. Detailed vital statistics are given in Tables I – IV at the end of the report. In Table I will be found the population and principal vital statistics for Health Areas and County Districts including the two Districts with delegated powers. Details of deaths by cause are given for different age groups in Table II and for County Districts in Table III. Table IV gives the age distribution of deaths in each County District and Health Area. The remainder of this section is devoted largely to a discussion of the figures in these tables.

### Population

The County Report of the 1971 Census was published during the year and this gave the population of the Administrative County in 1971 as 1,195,258 compared with 938,523 in the same area in 1961, an intercensal increase of 256,735 or an average of 2.45 per cent per annum compared with 3.15 per cent between 1951 and 1961. 38 per cent of the increase in population between 1961 and 1971 can be accounted for by the excess of births over deaths and the remaining 62 per cent by the excess of immigration into the County over emigration.

The Registrar General's estimated mid-1972 population of the Administrative County was 1,222,910 compared with 1,196,840 in 1971 an increase of 26,070 or 2.18 per cent. The natural increase of population at 7,385 compared with 9,004 in 1971, 8,066 in 1970 and 8,365 in 1969 was the lowest for at least a decade but estimated net migration at about 18,700 was above the average for the period 1965 to 1970 of 16,000. Migration is estimated to have added 5,430 (1.8 per cent) to the population of Mid-Essex, 4,305 (2.5 per cent) to the population of North-East Essex and 3,166 (2.4 per cent) to the population of Basildon. Increases of over three per cent through migration were recorded for the following seven Urban Districts: Braintree and Bocking, Brightlingsea, Canvey Island, Frinton and Walton, West Mersea, Witham and Wivenhoe.

### **Births**

The number of live births during 1972 was 19,611 compared with 20,738, 19,731 and 20,246 in the three previous years. The live birth rate was 16.0 compared with 17.3 in 1971, 16.7 in 1970 and 17.5 in 1969. The decline in the birth rate which was interrupted in 1971 continued in 1972. The national live birth rate was 14.8 compared with 16.0 in both 1970 and 1971 and the ratio of the local adjusted rate to that for England and Wales was 1.02 compared with 1.05 in 1972 and 1.01 in 1970.

The number of births registered as illegitimate was 1,042 (14 of which were stillborn). This is 5.3 per cent of the total number of births compared with 5.1 per cent in 1971 and 1970. The Essex rate remained well below the national rate of 8.6 per cent.

There were 195 stillbirths during the year giving a stillbirth rate of 9.8 per 1,000 total births compared with 10.4 in 1971 and 10.6 in 1970. The stillbirth rate has fallen each year since 1967.

The number of premature births notified was 1,260 (115 of which were stillborn) compared with 1,345 in 1971 and 1,310 in 1970. The percentage of premature to total births was 6.4 per cent, the same figure as in 1971. This percentage has been higher in each of the last three than each of the preceding three years. The following table shows the comparison:

				1967-69	1970-72
North East Essex	...	...	...	5.7	6.8
Mid-Essex	...	...	...	6.2	6.1
South-East Essex	...	...	...	5.7	5.6
West Essex	...	...	...	5.8	5.8
Harlow	...	...	...	6.0	6.7
Thurrock	...	...	...	7.1	7.3
Basildon U.D.	...	...	...	6.4	6.7
Colchester M.B.	...	...	...	7.3	7.7
Administrative County	...	...	...	6.2	6.4

There has been no increase in Mid-Essex, South-East Essex or West Essex. In other parts of the county the percentage has increased but it remained somewhat higher in Colchester and Thurrock than elsewhere.

### Perinatal Mortality

The perinatal mortality rate was 18.2, the lowest rate recorded in the County, the figures for the last eight years being as follows:-

1965	1966	1967	1968	1969	1970	1971	1972
22.9	21.9	23.3	20.6	19.0	19.3	19.4	18.2

The perinatal mortality rate was below that for the county as a whole in the rural Health Areas and especially low in North-East Essex where in recent years it has tended to be rather on the high side.

The perinatal mortality rates of infants of different birth weights in the last five years were as follows:-

	2 lb. 3oz. or less	2 lb. 4oz.- 3 lb. 4oz.	3 lb. 5oz.- 4 lb. 6oz.	4 lb. 7oz.- 4 lb. 15oz.	5 lb. - 5 lb. 8oz.	over 5 lb. 8oz.	All Weights
1968	846	645	287	108	59	9	21
1969	782	639	264	69	50	9	19
1970	727	683	203	78	47	9	19
1971	846	548	255	75	68	8	19
1972	918	597	263	92	39	7	18

The perinatal mortality rate decreased for babies of over 5 lb. but increased for lighter babies.

### Infant Mortality

There were 272 deaths of infants under one year of age giving an infant mortality rate of 13.9 compared with 13.8 in 1971, 15.1 in 1970 and 13.4 in 1969.

In the following table, infant mortality is divided into mortality in the first week of life and later in the first year:-

	1965	1966	1967	1968	1969	1970	1971	1972
Early neonatal (first week) mortality rate	9.9	9.6	10.1	8.6	7.9	8.8	9.1	8.5
Infant mortality rate after the first week	7.2	5.5	6.7	6.0	5.5	6.3	4.7	5.4
Total infant mortality rate	17.1	15.1	16.8	14.6	13.4	15.1	13.8	13.9

## Mortality of Children

The following table sets out the number of deaths of children aged 1 to 4 years and 5 to 14 years since 1965:-

Age	1965	1966	1967	1968	1969	1970	1971	1972
1 - 4	68	55	52	54	64	66	53	33
5 - 14	57	57	56	59	57	75	56	46

In both age groups the death rate per 1,000 children was below average at 0.36 for children between 1 and 5 compared with 0.62 in 1971 and 0.23 for children between 5 and 15 compared with 0.30 in 1971.

## Deaths from all causes

The number of deaths registered during the year (after adjustment for inward and outward transfers) was 12,226 giving a crude death rate of 10.0 compared with 9.8 in 1971, 9.9 in 1970 and 10.3 in 1969. When allowance is made for the different sex and age distribution of the local population compared with England and Wales, the death rate in Essex was 13 per cent below that for the country as a whole compared with 15 per cent in 1971 and 1970.

The number of deaths in the last six years is given by age and sex at the foot of Table IV. This shows that the increased number of deaths was almost entirely among persons over 65 years of age and the number of deaths among males under 45 was below average.

With the publication of the age distribution of the county and county districts at the 1971 census, the opportunity has been taken to compare mortality in Essex with that in England and Wales at different ages and also to consider the variation in mortality rates within the county. The following table shows average annual death rates per 1,000 population in the Administrative County during the period 1970 to 1972 and expresses each rate as a percentage of that in England and Wales in 1971.

Age	Death rate per 1,000 population		Death rate as a percentage of that in England and Wales	
	Males	Females	Males	Females
1 - 4	0.77	0.42	101	66
5 - 14	0.36	0.24	88	92
15 - 24	0.91	0.44	99	108
25 - 34	0.78	0.51	80	83
35 - 44	1.71	1.30	74	81
45 - 54	5.82	3.98	82	92
55 - 64	17.69	8.92	87	88
65 - 74	48.15	24.62	93	93
75 and over	131.24	93.57	96	92

The mortality of boys between 1 and 5 was similar to that of England and Wales but that for girls was only two thirds. Apart from men and women between 15 and 25 and men of 75 and over, mortality was appreciably below the national average in Essex and especially so for men between 25 and 55 and women between 25 and 45.

Average death rates for 1970-72 have been calculated for Health Areas and Authorities with delegated powers for five age groups and each sex. These ratios have been expressed as a percentage of the England and Wales rates in 1971, and are given in the following table:-

		Age					Average percentage	Average (M and F)
		15 - 34	35 - 44	45 - 54	55 - 64	65 - 74		
North-East Essex	M	110	82	86	93	89	92	91
	F	90	98	100	82	85	91	
Mid-Essex	M	77	74	84	84	91	82	86
	F	100	78	84	90	100	90	
South-East Essex	M	85	47	74	84	94	77	81
	F	79	78	96	87	89	86	
West Essex	M	84	75	75	76	90	80	80
	F	77	69	92	75	89	80	
Harlow	M	82	80	89	79	94	85	85
	F	84	85	90	93	75	85	
Thurrock	M	111	76	75	101	100	93	99
	F	147	71	96	103	108	105	
Basildon	M	81	79	80	100	104	89	87
	F	77	86	86	84	98	86	
Colchester	M	99	87	109	87	99	96	100
	F	110	107	96	113	97	105	
Administrative County	M	89	74	82	87	93	85	87
	F	94	81	92	88	93	90	

The 75 and over age group has not been used in this comparison because from the public health aspect, it is the least important and also because local death rates are likely to be unduly affected by the presence of chronic sick establishments with above average mortality. Some of the figures for younger age groups, possibly especially those for Colchester, may also be affected in this way.

Overall mortality compared with England and Wales was rather higher for women than for men and was about the same as in England and Wales in Thurrock and Colchester and much lower in most other areas. Death rates in the Thurrock Urban District were above average below the age of 34 and above the age of 55 but similar to the rest of the County between these ages.

### Tuberculosis Deaths

Deaths from tuberculosis numbered 20 compared with 19 in 1971 and 18 in 1970. Tuberculosis of the respiratory system was responsible for 11 deaths and late effects of respiratory tuberculosis for 7.

### Cancer Deaths

The number of deaths from cancer of the more important sites in the last five years is set out below:-

	Males					Females				
	1968	1969	1970	1971	1972	1968	1969	1970	1971	1972
Buccal cavity and pharynx	17	18	30	16	19	9	10	14	11	9
Oesophagus	38	19	40	47	26	19	20	22	42	25
Stomach	132	159	145	162	151	115	110	85	105	74
Intestines	148	162	157	167	139	192	171	167	202	180
Larynx	8	11	13	20	11	3	2	3	2	5
Lung and Bronchus	465	515	523	544	565	114	104	136	128	103
Breast	3	2	2	1	2	232	243	231	271	275
Uterus	-	-	-	-	-	75	72	66	71	88
Prostate	99	99	81	89	99	-	-	-	-	-
Leukaemia	40	51	35	39	40	24	32	30	34	29
Other sites	287	313	329	298	340	300	330	361	325	380
All sites	1237	1349	1355	1383	1392	1083	1094	1115	1191	1168

The total number of deaths from cancer was 2,560 giving a cancer death rate of 2.09 per 1,000 population compared with 2.15, 2.10 and 2.12 in each of the previous three years respectively. There was a further increase in male deaths from cancer of the lung and bronchus and the number of deaths from cancer of the uterus also increased.

The average annual death rate from cancer of four important sites in the last three years are compared with England and Wales rates in 1971 in the following table:-

	Death rate per 1,000				Death rate as per cent of national rate				
	45-54	55-64	65-74	75 & over	45-54	55-64	65-74	75 & over	Average
Stomach, Males	0.16	0.60	1.47	2.59	78	88	92	100	90
Stomach, Females	0.06	0.20	0.55	1.17	78	76	82	73	77
Lung, Males	0.55	2.67	3.91	5.77	68	94	67	95	81
Lung, Females	0.17	0.59	0.80	0.80	70	112	102	101	96
Breast, Females	0.69	1.09	1.18	1.71	111	115	99	96	105
Uterus, Females	0.23	0.27	0.39	0.50	99	83	95	85	90

The County death rate from cancer of the breast was above the national rate for women under 65 and close to it for older women. Mortality from cancer of the lung and bronchus was also somewhat above the national rate for women over 55.

### Deaths from Diseases of the Circulatory System

The following table shows the number of deaths in the last four years:-

	Males				Females			
	1969	1970	1971	1972	1969	1970	1971	1972
Chronic rheumatic heart disease	38	47	57	52	108	84	63	90
Hypertensive disease	74	79	86	60	116	101	78	90
Ischaemic heart disease	1609	1630	1721	1845	1192	1047	1164	1267
Other forms of heart disease	218	207	204	276	285	304	329	296
Cerebro-vascular disease	715	659	673	687	1029	1019	1025	1071
Other diseases of circulatory system	229	224	258	230	265	276	260	251
Total	2883	2846	2999	3150	2995	2831	2919	3065

Total deaths in this group, which is responsible each year for about half of the overall mortality, numbered 6,215 giving a death rate per 1,000 population of 5.08 compared with 4.94 in 1971, 4.82 in 1970 and 5.12 in 1969. A large proportion of the increased number of deaths was attributed to ischaemic heart disease which in 1972 was responsible for 29 per cent of all male deaths and 21 per cent of all female deaths. The following table compares death rates for ischaemic heart disease in Essex with those in England and Wales:-

Age	Death rate per 1,000			Death rate as per cent of national rate	
	Males	Females		Males	Females
35-44	0.38	0.05		57	58
45-54	2.37	0.34		87	74
55-64	6.13	1.54		87	81
65-74	15.39	5.89		95	87
75 and over	31.74	21.81		90	98

Mortality from ischaemic heart disease was less than 60 per cent. of that in England and Wales between 35 and 45 years of age. Thereafter female rates got gradually closer to the national rates whereas male rates averaged about 90 per cent of the corresponding national rate.

### Deaths from diseases of the Respiratory System

There were 33 deaths from asthma in 1972 compared with 32, 34 and 31 in the three previous years. Deaths from other respiratory diseases in the last eight years are set out below:-

	1965	1966	1967	1968	1969	1970	1971	1972
Influenza	52	43	11	199	125	153	14	69
Pneumonia	772	735	727	919	906	956	797	1041
Bronchitis	464	539	496	505	540	466	466	460
Other respiratory diseases	92	100	75	141	112	129	121	113
Total	1380	1417	1309	1764	1683	1704	1398	1683

The number of deaths from pneumonia increased considerably but those from bronchitis remained below average and although those from influenza were more numerous than in 1971 the number compared favourably with the three previous years. The following table gives the age distribution of deaths from pneumonia and bronchitis in the last six years:-

Cause	Year	Males					Females				
		0 -	45 -	65 -	75 -	Total	0 -	45 -	65 -	75 -	Total
Pneumonia	1967	46	22	50	206	324	29	18	64	292	403
	1968	32	40	75	259	406	27	21	71	394	513
	1969	32	45	88	283	448	19	29	62	348	458
	1970	24	38	102	256	420	27	30	86	393	536
	1971	20	29	85	235	369	13	26	63	326	428
	1972	24	37	119	290	470	14	28	83	446	571
Bronchitis	1967	7	80	138	153	378	8	14	38	58	118
	1968	1	65	184	158	408	3	16	27	51	97
	1969	2	82	166	171	421	4	20	40	55	119
	1970	2	69	136	158	365	5	16	31	49	101
	1971	4	64	117	163	348	1	19	37	61	118
	1972	49	151	155	355	1	20	27	57	105	

Most of the increase in deaths from pneumonia was in elderly women but there was some increase also in men over 65. Twenty eight infants died from pneumonia, an infant mortality rate from the disease of 1.4 compared with 0.8 in 1971 and 1.5 in each of the three previous years. The number of deaths from bronchitis was below average for males under 65 years of age. Bronchitis mortality for Essex in 1970/72 averaged 69 per cent of the national rate for men and 74 per cent for women, the male percentage increasing from 54 for men between 45 and 55 to 83 for men of over 75 years of age.

## **Maternal Deaths**

There were three maternal deaths in 1972, none of which were due to abortion, giving a maternal mortality rate of 0.15 compared with an average for the last five years of 0.12. The national rate was 0.15.

## **Accidental Deaths and Suicide**

The numbers of deaths from accidents and suicide in the last eight years were as follows:-

	1965	1966	1967	1968	1969	1970	1971	1972
Motor vehicle								
accidents	141	148	137	136	145	167	150	141
Other accidents	158	148	157	183	215	251	201	178
Suicide	98	79	101	91	70	84	93	74

There were fewer deaths in 1972 than in either 1970 or 1971 for both types of accident and for suicide.

Three years is too short a period to get a reliable comparison of mortality from these causes in Essex with that in England and Wales. By using the 1966 as well as the 1971 census figures a comparison of mortality in 10 year age groups has been made for the eight years given above. Even so the number of deaths in some age groups is not large and much of the variation observed can reasonably be ascribed to chance. These calculations show that for motor vehicle accidents male mortality in Essex averaged 98 per cent and female mortality 81 per cent of that in England and Wales. For other types of accident, the local death rate was about the same as the national rate for males between 15 and 25. At other ages, the male rate averaged 76 per cent and the female rate 81 per cent of the national rate. The death rate from suicide averaged 17 per cent below the national rate for males and 20 per cent below for females below 55 years of age but 6 per cent above for older women.

## **Morbidity**

The number of new claims for sickness benefit received in the 52 weeks ended 2nd January 1973 at local offices of the Department of Health and

Social Security in Essex including Southend was 200,963 compared with an estimated figure of 165,300 in the previous 52 weeks. Sickness among the insured population was very much higher in 1972 than in 1971 in the March and December quarters but was little different in the June and September quarters.

## **SECTION II – GENERAL**

### **STAFF**

#### **Combined Medical Service**

On 29th February 1972 Dr. G. E. Thomas resigned from the combined post of Medical Officer with the County Council and Deputy Medical Officer of Health to the Councils of the Urban Districts of Epping and Harlow and the Rural District of Epping and Ongar. The vacant post of Deputy Medical Officer to the above-mentioned District Councils was filled on 1st August 1972 by the appointment of Dr. B. V. Hassan who until then had occupied a combined post of Medical Officer with the County Council and Medical Officer of Health to the Maldon Borough Council, the Burnham-on-Crouch Urban District Council and the Maldon and Chelmsford Rural District Councils. Dr. Hassan relinquished his duties with the County Council to enable him to accept the additional Deputy Medical Officer of Health duties in Epping, Ongar and Harlow.

#### **Medical Staff**

One member of the medical staff was seconded on a full-time course of study for the Diploma in Public Health which commenced in September 1972.

#### **Dental Staff**

Mr. J. M. Carr, Area Dental Officer in the Thurrock Health Area, was successful in obtaining the Diploma in Dental Public Health under the arrangements (mentioned in a previous report) whereby one area dental officer or dental officer is selected for secondment each year to attend a course of study, arranged by the Dental Schools of the University of London, leading to the award of the Diploma. Another member of the senior dental staff commenced a similar course of study in October 1972 under these arrangements.

The staff establishment of dental surgery assistants was increased during the year by 11 posts, making a total establishment of 60 posts, to enable one assistant to be provided for each dental officer and to make provision for the extra help required for general anaesthetic sessions and relief duties. The combined establishment of dental officers and dental auxiliaries remains at 57 whole-time posts.

#### **Health Visiting, Midwifery and Nursing Staff**

The approved proposals of the County Council under Section 24 of the National Health Service Act, 1946 provide for an eventual staff establishment of one health visitor to every 4,000 population, but in spite of periodic increases in the staff establishment the attainment of this target has remained

elusive and at the beginning of the year the ratio was one established post of health visitor to 6,540 population. During the year the staff establishment was increased to provide for a ratio of one health visitor to 6,140 population.

As a large number of the Council's home nurses hold combined posts of home nurse/midwife it is the practice to consider home nurses and midwives together in establishment terms, although separate staffing ratios are used as approximate guides. Basically, the ratios adopted are one midwife for every 66 home confinements in urban areas and 40 confinements in rural areas (with adjustments to cope for high incidences of early hospital discharges), while for home nurses the establishment is assessed on total population weighted according to the number of persons over 65 years of age in each health area/delegatee authority. Obviously, the relevance of general staffing ratios to the circumstances of a particular area depends on a number of factors, such as population structure, the range of staff duties, the development of hospital early discharge arrangements, the extent of general medical practitioner attachments and local geography. Bearing these factors in mind the establishment of midwives and home nurses was increased by ten whole-time posts during the year, making a total establishment of 365 whole-time posts.

As there was no provision within the Council's nursing services for the specialist nursing of psychiatric patients in their own homes, and in an endeavour to establish a pattern of domiciliary nursing care throughout the Administrative County for such patients, discussions were held with representatives of those Hospital Management Committees responsible for psychiatric hospitals on the possibility of the Council appointing district psychiatric nurses to serve those parts of the hospital catchment areas which are in the Administrative County and also to undertake nursing care by direct referral from general medical practitioners in these districts. It was agreed that, initially, one whole-time nurse would be appointed for each of the catchment areas of the Harlow, Runwell and Warley Hospitals and two whole-time nurses for the much larger area covered by Severalls Hospital. In September the Council's Health Committee authorised the creation of five whole-time posts of psychiatric district nurse to enable these proposals to be implemented, but subsequently each Hospital Management Committee concerned agreed to bear one half of the costs of these appointments.

These nurses, working in the community as part of the domiciliary nursing team and under the supervision of an Area Nursing Officer, will have the opportunity of discussing with hospital medical and nursing staff the continued treatment and care of patients due to be discharged from hospital and of visiting such patients on the ward and obtaining their confidence. They will be required to visit patients' homes and report on the suitability of continued nursing care where discharge of a patient is imminent, and to keep contact with patients requiring intermittent periods of hospitalisation and with their general medical practitioners and relatives. The greater part of the nurses' duties will, of course, be concerned with visiting discharged patients in

their own homes, as required by the Consultant Psychiatrist, for the purpose of providing nursing care, including the giving of injections and ensuring that medications and other treatments are continued as prescribed, maintaining a continuous therapeutic relationship with the patient and counselling and supporting both patients and relatives. At all times the nurses will be required to co-operate very closely with the patients' general medical practitioners, social workers and health visitors. Close liaison will be necessary between the Area Nursing Officer and the Hospital Senior Nursing Officer in order to ensure that the nurse will effectively serve the patients both in hospital and the community.

Fifteen of the seventeen candidates sponsored by the County Council for a year's course of health visitor training were successful in obtaining the Certificate of the Council for the Training and Education of Health Visitors. 19 students have been sponsored for the 1972/73 course which commenced in September 1972.

### **Transport for Staff**

860 officers, mainly health visitors, midwives and nurses, whose duties require them to undertake a considerable amount of travelling were using motor cars on official business at the end of the year. 678 were using privately owned vehicles and 182 were using vehicles provided by the Council. 44 officers were granted loans during the year to enable them to purchase cars for use in connection with their duties.

### **Refresher and Other Courses**

Details are set out in Table VI of staff who attended refresher and other courses of study during the year.

### **Training**

#### **Medical Staff**

In November 1972 a two-day refresher course was arranged for medical officers. Paediatric consultants working in some of the hospitals in Essex and the surrounding area spoke on a variety of subjects. Two medical officers from the Department of Education and Science also gave an address and one session was covered jointly by a talk by a general medical practitioner and by a school medical officer employed in the Health Department.

About 45 doctors employed in connection with local health services were able to attend and found the course to be most stimulating as well as assisting communications, not only with each other but with the various consultants and medical officers who delivered the lectures.

In view of the success of this course it is hoped to arrange a similar one during the Spring of 1973.

## Ambulance Service

A total of 206 ambulancemen received training during the year at the Essex Ambulance Training Centre. 125 attended two-week courses and 81 attended six-week basic training courses. Of the ambulancemen who were trained during 1972, 82 were from Essex and 124 from other local health authorities within the catchment area of the Essex Centre. Other short courses for ambulance staff were also held and a series of lectures and demonstrations on what to do in the event of an accident were given to selected staff of the Council's Highways Department. In addition, two special courses on first aid were held for sewermen. Over 40 talks and lectures were given by staff of the Training Centre, mainly in the evenings, to various organisations who had requested information about the Ambulance Service.

Negotiations were concluded for the lease of the former Isolation Hospital at Baddow Road, Chelmsford for use as a residential Regional Ambulance Training Centre, and at the end of the year plans were being made for building work to commence with a view to occupying the new Centre in September 1973.

## Overseas Visitors

The Department were pleased to welcome visitors from the United States of America and from Bahrein during the year.

## New Year's Honours List

It is pleasant to record that Miss M. Millard, who recently retired and who was for many years a district midwife in the Rayleigh district, received the M.B.E. in the New Year's honours list.

## OCCUPATIONAL HEALTH

There are very many facilities which an employer can provide by way of an occupational health scheme, which benefit both employer and employees. Although the full range and scope of these facilities are not yet provided by the County Council, so many improvements have been made recently that it is pertinent to draw attention to the services now provided and the plans for future improvement.

At the heart of the occupational health service of the County Council is the Medical Centre situated within the precincts of County Hall. It is staffed by one full-time nursing sister who holds the Occupational Health Nursing Certificate and two part-time State Registered Nurses. Another State Registered Nurse undertakes relief work on a casual basis.

The operational control of the service falls on the Deputy County Medical Officer of Health who also provides the medical services with a part-time Senior Medical Officer. Selected Medical Officers on the staffs of

Health Area Sub-Committees and Delegatee Authorities also undertake staff medical examinations at various centres and clinics throughout the County.

The following is a list of the current services provided and it should be mentioned that a small number of outside organisations such as the Essex River Authority benefit as well as the County Council and its staff. It will also be noted that some services are provided for the general public.

1. Medical screening of potential employees based on medical questionnaires and examinations when necessary. Certain categories of staff – such as ambulance driver/attendants and firemen – are medically examined irrespective of the information provided on medical questionnaires.
2. Medical examinations of staff in connection with the Local Government Superannuation Acts, e.g. for the purpose of commutation of pensions or to determine the advisability of early retirement on medical grounds.
3. Provision of first aid/nursing facilities throughout each working day for staff, and members of the public visiting County Hall, should they have a sudden attack of illness or an accident.
4. Immunising staff against some infectious diseases and undertaking yellow fever vaccinations of members of the public travelling abroad requiring this form of immunisation. (The County Council provide the latter service, for which a charge is made, as agents of the Department of Health and Social Security).
5. Provision of training in basic first aid for volunteer members of the staff.
6. Investigating any radiological protection requirements whenever these arise.
7. Medical counselling of Health Department staff.

The Medical Centre is properly equipped and the specific diagnostic apparatus includes an Electrocardiograph, an Audiometer and a Keystone vision testing machine.

What is in mind for the future is the extension of the Occupational Health Service Scheme to include (a) a central secure system of medical documentation of staff, (b) a data monitoring service on staff sickness absences including the analysis of trends, and (c) measurements of noise levels and medical studies in connection with the working environment (e.g. on desirable temperature, lighting and heating levels).

An indication of the day-to-day work undertaken at the Medical Centre is given by the following statistics for the year:-

### Number of Persons given advice and/or treatment

Nature of Visit to Medical Centre	Number
Cuts and Bruises – hand/wrist to elbow	94
face/head/neck	5
upper limb/trunk	2
lower limb/trunk	2
foot/ankle to knee	23
Burns and scalds	12
Eye injuries	14
Skin conditions	23
Upper respiratory conditions	49
Fractures, sprains and strains	9
Headaches and migraine	92
Diarrhoea and vomiting	34
Home accidents	128
Return visits	204
Accidents to visitors	19
Other medical conditions	614
	Total
	1,324
Medical examinations undertaken	792
Yellow fever vaccinations administered	570

### LABORATORY SERVICE

The number of samples submitted by the County Council and other local authorities within the County to public health laboratories were as follows:-

Milk .....	2712
Milk containers (bottles, churns etc.) .....	623
Milk tankers and dairy plant (swabbing) .....	86
Ice cream and ice lollies .....	683
Water .....	1014
Shellfish .....	150
Other food .....	2017
Urine, faeces and swabs .....	855

Laboratories for bacteriological examination are situated at Chelmsford, Cambridge, Southend-on-Sea and Ipswich. Samples for chemical analysis are despatched to the Counties Public Health Laboratories in London.

## **WATER SUPPLIES**

In spite of drought conditions being the worst since 1933/34 both Abberton and Hanningfield Reservoirs were over 70% full at the beginning of 1973. The Ely-Ouse scheme is thus amply fulfilling its role of providing the Essex Water Companies and others with adequate water supplies. The Ardleigh Reservoir, fed from the River Colne, commenced to supply water to the Colchester and District Water Board in November.

Increased provision of water derived from river-borne supplies is not without problems however as the probability of contamination is greatly increased and the taste of such water may show variations throughout the year resulting in complaints and subsequent enquiries.

The presence of larvae of the Chironomus fly (midges) in mains supplies is a persistent problem in the south-eastern part of the County. In spite of world-wide advice being obtained this infestation has not yet been finally overcome. At their Langford Works the Essex Water Company has responded by installing what is believed to be the largest individual micro-screen filter in Britain and they have also installed the latest type of insect disinfestation equipment.

There were no undue problems caused by high nitrate levels in river or mains supplies. Levels fluctuated throughout the year and tended to increase after heavy rainfall but it was generally possible to achieve the required reductions by mixing with other water containing low nitrate levels.

The reorganisation of water, river and sewage disposal authorities is proposed by the Government, the intention being for this to coincide with the reform of Local Government in 1974.

## **RURAL WATER SUPPLIES AND SEWERAGE**

Under the provisions of the Rural Water Supplies and Sewerage Acts 1944-1965 approved schemes of water supplies and sewerage attract grants from the County Council equivalent to those made by the Department of the Environment. The total of such grants for the financial year ended 31st March 1972 amounted to £190,758.

During 1972 the following schemes were submitted for the County Council's observations for use by the authorities concerned in making application for grant. It will be observed that one scheme is in an urban district – Brentwood – as in certain circumstances schemes in such districts are eligible for grant.

District or Authority	Scheme	Estimated Cost £
<b>Water Supplies</b>		
Chelmsford R.D.C.	Water Main – Farm Crescent, Battlesbridge.	1,390
Colchester & District Water Board	Water main extension – Station Road, Sible Hedingham.	203
Colchester & District Water Board	Water main extension – Langley Hill/Springetts Hill, Lamarsh and Bombose Lane, Bures.	3,890
Colchester & District Water Board	Braintree Water Scheme – Bardfield Road, Shalford.	1,880
Epping & Ongar R.D.C.	Water supply – Epping Long Green in 2 groups of 3 properties in each (a) first group (b) second group	3,000 4,350
Halstead R.D.C.	Water main extension – Mill Lane, Colne Engaine.	2,968
Maldon R.D.C.	Water main extension – Sunnyway, St. Lawrence.	1,770
Tendring R.D.C.	Water main extension – Ballast Quay, Elmstead.	625
Tendring R.D.C.	Water main extension – Frating Road/Slough Road, Ardleigh.	1,750
<b>Sewerage</b>		
Brentwood U.D.C.	Sewerage Scheme – Hall Lane, Little Warley.	19,607
Chelmsford R.D.C.	Sewerage and Sewage Disposal Scheme, Great and Little Leighs, Ford End and Howe Street.	495,000
Dunmow R.D.C.	Takeley Sewerage and Sewage Disposal Scheme and Hatfield Heath Sewage Purification Works.	567,156
Epping & Ongar R.D.C.	Sewerage Scheme – Lambourne End	15,000
Epping & Ongar R.D.C.	Sewerage Scherne Extension – Stapleford Abbotts.	7,000
Halstead R.D.C.	Sewerage and Sewage Disposal Scheme – Stambourne.	123,000

District or Authority	Scheme	Estimated Cost £
<i>Sewerage continued</i>		
Lexden and Winstree R.D.C.	Sewerage Scheme – Nayland Road, West Bergholt.	1,500
Lexden and Winstree R.D.C.	Extension of sewer – Swan Street, Chappel.	21,200
Lexden and Winstree R.D.C.	Sewerage and Sewage Disposal Scheme – East Mersea.	25,000
Maldon R.D.C.	Sewerage and Sewage Disposal Scheme, Cock Clarks.	50,000
Maldon R.D.C.	Sewerage and Sewage Disposal Scheme – Stone, St. Lawrence.	143,000
Maldon R.D.C.	Sewerage Scheme – Broad Street Green Road, Great Totham.	14,050
Rochford R.D.C.	Sewerage Scheme – Highams Road, Hockley.	12,000
Saffron Walden R.D.C.	Sewerage Scheme – Birchanger.	110,000

During the year 1972, sixteen sewerage and sewage disposal schemes in rural districts in the County were completed and twenty two other schemes were under construction at the end of the year.

## MILK AND DAIRIES

Milk samples were taken at pasteurising and sterilising dairies licensed by the County Council and were submitted to phosphatase, methylene blue and turbidity tests. 230 samples of pasteurised milk and 26 samples of sterilised milk were taken, of which one pasteurised sample failed the phosphatase test and one test was void. The quantity of milk pasteurised and sterilised at the six dairies from which the samples were obtained averages about 40,000 gallons a day.

### Cleanliness of Dairy Plant and Equipment

The efficiency of cleansing routines was examined, as follows:-

(a) Swabbing of dairy plant for bacteriological examination –

47 examinations were made

9 of these were only fairly satisfactory and 4 unsatisfactory. The remainder were satisfactory.

(b) Milk bottles —

149 were examined to check bacteriological standards following washing in the dairies' mechanical washers. Of these, 8 were unsatisfactory and 12 only fairly satisfactory. The others were satisfactory.

(c) Churns —

215 were examined following washing at the dairies. 16 were found to be unsatisfactory and 27 only fairly satisfactory. 172 were satisfactory.

(d) Road Tankers —

20 were examined after cleaning of interior surfaces and ancillary valves and equipment and all were found to be satisfactory.

In all cases the reasons for unsatisfactory results were investigated.

### Sampling in the Course of Distribution

No. of Samples	Grade	Appropriate Test	Passed	Failed	Void
1284 (1296)	Pasteurised	Methylene Blue	1203 (1185)	40 (80)	41 (31)
		Phosphatase	1283 (1296)	1 (-)	- (-)
79 (147)	Untreated	Methylene Blue	75 (132)	1 (8)	3 (7)
87 (101)	Sterilised	Turbidity	87 (101)	- (-)	- (-)
138 (188)	Ultra Heat-treated	Colony count	138 (188)	- (-)	- (-)

*1971 figures in parenthesis*

### Milk and Dairies Regulations and

### Milk (Special Designation) Regulations 1963 (as amended)

The total number of licences in force at the end of the year was 520. During 1972, 57 dealers (pre-packed) milk licences were issued by the County Council.

### Brucellosis and Tuberculosis

There are 439 dairy farms in Essex and of these 276 are provided with tanks for bulk milk collection. At the end of the year 359 milk producers had fully accredited herds under the voluntary brucellosis eradication scheme and many of the others were in the process of qualifying. If participation in the voluntary scheme continues with the same momentum there will only be about 30 herds left to be dealt with before the compulsory eradication scheme comes into operation on 1st April 1974.

The number of licences granted by the Ministry of Agriculture, Fisheries and Food for the sale of "untreated" milk by producer/retailers amounted to 15. Of these, 12 were fully accredited under the voluntary brucellosis eradication scheme and one was in the process of obtaining qualification.

During 1972 no case of clinical tuberculosis was reported amongst 540 herds in Essex.

No case of tuberculosis was reported in the course of inspection of carcases at slaughterhouses in Essex during the year. As far as Essex is concerned this disease has become a rarity.

Samples taken by County Council Officers during the year were as follows:-

234 samples of untreated milk examined for presence of brucella abortus.

226 samples gave negative results.

The remaining 8 samples proved positive. One of the farms concerned does not retail milk, but supplies untreated milk for heat treatment at a pasteurising dairy.

The Medical Officers of Health for the districts concerned and the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food were notified of the positive results.

13 samples of untreated milk were examined for the presence of tubercle bacilli. All results were negative.

### **Antibiotics in Milk**

164 samples of milk were submitted for tests for the presence of antibiotics, all of which proved negative.

### **Milk in Schools Scheme and Sampling from Residential Establishments and Special Schools etc.**

Total samples .....	.290
Satisfactory .....	.282
Unsatisfactory .....	.7
Void .....	.1

### **Ice Cream and Ice Lollies**

683 samples were submitted for bacteriological examination with the following results:-

Ice Cream	Ice Lollies
*Grade I — 495 samples	42 — all satisfactory
Grade II — 89 samples	
Grade III — 46 samples	
Grade IV — 11 samples	

Time taken to reduce methylene blue:-

**\*Grade**

- I — fails to reduce in 4 hours
- II — fails to reduce in 2½ — 4 hours
- III — fails to reduce in ½ — 2 hours
- IV — fails to reduce in 0 hours

## REFUSE DISPOSAL

Haphazard disposal of toxic materials went on in Britain for many years and the indiscriminate tipping of cyanide which was brought to light during the year precipitated new controls. The whole subject of hazardous waste disposal has now become of general public interest, and the Deposit of Poisonous Waste Act 1972 was passed in an endeavour to halt pollution or environmental damage.

Notifications under the 1972 Act have given a much clearer picture of the nature and volume of toxic wastes, and Essex now receives in excess of 30 million gallons per annum of notifiable wastes. Disposal of the more difficult wastes is being studied by a working group set up by the Department of the Environment and it is envisaged that waste producers and contractors will need to obtain approval from the new County Councils on methods and places of disposal.

A new licensing system for all waste disposal sites is also proposed, broadly similar to the control already exercised by Section 46 of the Essex County Council (Canvey Island Approaches etc.) Act 1967 in respect of certain tips.

Counties will thus be charged with regulating disposal operations in the interests of securing good environmental standards, as well as undertaking a major part of the disposal task now performed by district councils. The important part being played by private operators in developing and investing in new techniques and their involvement in actual disposal operations will of course continue.

There will be need for a close and strengthened framework for extending the partnership between County staff and private enterprise in this field, including co-operation with industrial waste producers. A broad waste disposal plan will be needed to indicate the framework for the conduct of all disposal operations in the County, having due regard to the needs of all those having waste for disposal. The plan may include the use and development of treatment plants, especially treatment for difficult or toxic wastes. The plan will be tied in closely with the development plan and land-use planning procedures, and there will be close co-operation with the future Regional Water Authority.

In 1972, there were 417 inspections of refuse tips. 4 new consents under Section 46 of the Essex County Council Act 1967 were granted for waste disposal in respect of 114 acres.

## RURAL HOUSING

The improvement of dwellings by means of grant continued to be encouraged during the year by Rural District Councils and the results of their endeavours are shown in the following table which includes, in brackets, comparative figures for 1971:-

Rural District	No. of Dwellings	Grants Paid £
Braintree	57	(46) 31,684 (19,116)
Chelmsford	156	(124) 89,328 (63,650)
Dunmow	54	(59) 7,830 (39,008)
Epping and Ongar	99	(96) 30,251 (27,881)
Halstead	33	(20) 23,532 (11,306)
Lexden and Winstree	80	(92) 39,982 (34,271)
Maldon	81	(77) 29,939 (28,478)
Rochford	9	(52) 3,806 (17,695)
Saffron Walden	75	(98) 48,111 (47,034)
Tendring	99	(87) 39,577 (24,590)

Whilst the total number of dwellings in respect of which grants were made shows a slight reduction on the 1971 figures the total amount of the grants paid shows a considerable but not unexpected increase due mainly to the increased building costs involved.

Whilst the majority of owners continue to effect repairs of their own accord, cases still arise in which, failing persuasion, it is necessary for the local authority to invoke the relevant powers given to them under the Housing or Public Health Acts. For those dwellings incapable of being rendered fit at reasonable expense, formal closure or demolition under the Housing Act 1957 is the last resort. The rural authorities' progress in these aspects of housing is given in the following table:-

Rural District Council	Houses made fit and Houses in which Defects were remedied	Houses Closed	Houses Demolished
Braintree	30	7	17
Chelmsford	8	-	4
Dunmow	14	1	-
Epping & Ongar	70	8	3
Halstead	170	1	17
Lexden & Winstree	19	4	10
Maldon	98	5	10
Rochford	9	-	13
Saffron Walden	33	12	-
Tendring	104	3	-

The following table gives the number of houses erected during 1972 and the number of applicants remaining on waiting lists at 31st December:-

Rural District Council	No. of Dwelling Houses erected:				No. of applicants on Waiting Lists for Council Houses who are in urgent need of housing accommodation	
	By the Council		By Private Enterprise			
Braintree	54	(23)	179	(156)	119	(114)
Chelmsford	72	(114)	649	(788)	150	(112)
Dunmow	26	(64)	46	(80)	532	(368)
Epping & Ongar	17	(34)	63	(178)	328	(233)
Halstead	25	(18)	99	(89)	150	(124)
Lexden & Winstree	58	(81)	452	(451)	616	(469)
Maldon	8	(10)	234	(303)	15	(8)
Rochford	42	( - )	135	(111)	96	(81)
Saffron Walden	6	(24)	96	(143)	118	(113)
Tendring	16	(39)	192	(252)	550	(500)
Total	324	(407)	2145	(2551)	2674	(2122)

*1971 figures given in parenthesis  
Figures include flats in some cases*

## FOOD PREMISES

287 utensils, items of equipment and working surfaces at 15 County Council kitchens have been swabbed using plate count and MacConkey Agar, to assess the efficiency of washing up and general cleaning methods. 86% of the swabs gave satisfactory bacteriological results. Where necessary, unsatisfactory results were followed up immediately in order to learn the reason for the failures and these investigations led to a final satisfactory result in each instance.

## ATMOSPHERIC POLLUTION

The 8 sites used for measuring smoke density and sulphur dioxide continued to operate as part of the national survey.

It was noticeable that the public has become more active in its opposition to careless straw burning by farmers, and it was regrettable that instances of straw fires getting out of control were not infrequent, as happened also in 1971. Other industries are strictly controlled in their smoke emissions and farmers are therefore at present in a privileged position, although they are expected to adhere to the straw burning code which is primarily a safety measure.

Proposals to limit emissions of carbon monoxide and hydro-carbons from new petrol-engined vehicles have been announced. These would have the effect of reducing emissions of carbon monoxide by up to 30%, and hydro-carbons by up to 10%, compared with uncontrolled vehicles. Future controls may also extend to oxides of nitrogen and to vehicles already in use. A phased reduction in the lead content of petrol has also been announced. It is hoped that nuisances from diesel lorries belching their dark smoke when going up hills will also be severely dealt with in future as amending regulations require more stringent limits on smoke emissions.

## ESSEX COUNTY COUNCIL ACT, 1933

### Establishments for Massage or Special Treatment

The County Council, under Part IV of the Essex County Council Act, 1933 license establishments where massage or special treatment, including chiropody, is given. At the end of the year 73 premises were so licensed, of which 3 were newly licensed in 1972. A total of 35 inspections of licensed premises was carried out.

## FOOD AND DRUGS ACT, 1955

### A summary of the work of the Weights and Measures and Public Protection Department

The County Council, as food and drugs authority in the rural parts and smaller urban districts and towns of the county, is responsible for administering those provisions of the Act designed to ensure that all kinds of food and drugs sold within the area contain no injurious or prohibited ingredients, comply with compositional standards where these are prescribed, are labelled with particulars of composition as required by Regulations made under the Act, are not falsely labelled, but are always of the nature, substance and quality requested by the purchaser.

The Weights and Measures and Public Protection Department — under the direction of the Special Purposes Committee — is the County Council's enforcement section. During the year 1041 samples of milk and 746 samples of a broad cross-section of other foods and drugs were procured by the department's officers at places including dairies, farms, shops, markets and in the streets.

Samples of milk are tested for quality in the department's own laboratory. If a sample is found to be of poor quality or adulterated with water, follow-up samples are submitted to the Public Analyst. Most of the other samples were submitted to the Public Analyst for analysis and report.

Two samples of milk were found upon analysis to be unsatisfactory and each was the subject of appropriate action.

Twenty-two samples of foodstuffs other than milk were the subject of adverse reports of which proceedings were instituted in respect of the following:-

1. Currant loaf found to contain a cockroach. A fine of £10.00 was imposed and £9.00 costs awarded.
2. Another loaf of bread was found to contain a beetle. A fine of £10.00 was imposed and £9.00 costs awarded.
3. A sample of sausages was found to contain an insect. A fine of £20.00 was imposed and £7.00 costs awarded.
4. Cocktail sausages were found to be deficient in meat content to the extent of 18% of the amount prescribed in the regulations. A fine of £20.00 was imposed and £16.00 costs awarded.
5. The label on a packet of Dried Instant Pineapple drink was calculated to mislead in that the Vitamin C content was deficient to the extent of 46% of the amount stated. A fine of £10.00 was imposed and £20.00 costs awarded.
6. Another manufacturer displayed Cod Fillets in a labelled container which was calculated to mislead as to the substance of the food in that the label stated "when you buy a complete fish you get the head, bones and tail. But ... is different, we only sell the nourishing tasty flesh and there is nothing to throw away", whereas the fish was found to contain numerous bones. A fine of £50.00 was imposed and £10.00 costs awarded.
7. A butcher sold to the County Council certain meat namely boned and rolled leg of pork, which was not of the substance demanded in that it consisted of rolled leg of pork together with the appropriate bone. A fine of £20.00 was imposed and £4.75 costs awarded.

### **SECTION III – THE CARE OF MOTHERS AND YOUNG CHILDREN**

#### **Health Centres and Health Services Clinics**

Stifford Clays and Vange Health Centres, both purpose-built, at Cramnavill Street, Grays and Clayhill Road, Vange respectively were opened during the year. Health centres at London Road, Tilbury and Ferry Road, Hullbridge, provided by extensions to existing clinics, were also brought into operation. A health services clinic was provided at High Street, Canewdon, through the purchase of a property which was suitably adapted. The clinic in Barfield Road, West Mersea, was extended in order to provide a kitchen for the local "meals on wheels service" and arrangements were made for part of the clinic to be used as a dining club for the elderly.

Work commenced on extensions to the clinics at Dovercourt and Corringham to make them into health centres by providing accommodation for general medical practitioners.

Arrangements were also made for alterations to certain existing premises in order to meet, so far as was reasonable and practicable, the requirements of the Chronically Sick and Disabled Persons Act, 1970 for access by disabled persons to public buildings.

Tenders were invited for the erection of a clinic at Coptfold Road, Brentwood – this is a combined project as office accommodation for the Social Services Department will also be provided. Plans were also being prepared for health centres at Old Harlow, Quarry Hill, Grays and Market Road, Wickford, the last-named by an extension to the existing clinic.

#### **Child Health Centres**

Two hundred and seventeen child health centres were provided by the County Council by the end of 1972. Of these, 49 were in purpose-built premises, 13 in adapted premises, 147 in hired premises and 3 in general medical practitioners' surgeries. 51,345 children attended the centres, making a total of 276,250 visits during the year.

A total of 42,138 children were examined by medical officers to assess developmental progress, as follows:-

<b>Age of Child</b>	<b>No. of Children examined</b>
Under 6 months	14,777
6 – 9 months	7,671
9 – 18 months	8,931
1½ – 4 years	8,518
4 – 5 years	2,241

New centres started and centres discontinued during the year were as follows:-

#### New Centres started

Health Centre, Cramavill Street, Grays  
Health Centre, Clayhill Road, Vange.  
Health Services Clinic, High Street, Canewdon.  
Garrison Health Clinic, R.C. Chaplain's Office,  
R.C. Garrison Church, Colchester.  
Youth Club, Parsonage Street, Halstead.  
Dr. A. H. Smith's surgery, High Street, Thorpe-le-Soken.  
Village Hall, Althorne.  
Church Hall, Rayne.  
Community Hall, Coldringham Estate, Braintree.

#### Centres discontinued

Health Services Clinic, Stifford Long Lane, Grays  
Trinity Church Hall, Clayhill Road, Basildon.  
Women's Institute Hall, Thorpe-le-Soken.  
Village Hall, Broxted.  
Methodist Church Hall, Chrishall.  
Village Hall, Hadstock.  
Manford Way Clinic, Hainault Estate, Ilford.  
(no longer used by County Council)

#### Distribution of Welfare Foods

The scheme for the distribution of welfare foods continued throughout the year.

There were 290 distribution centres (125 in health services clinics and 165 in various other premises) in the administrative County compared with 292 in 1971. The amountsof various welfare foods, including National Dried Milk, distributed to beneficiaries in 1972 and comparative figures for the previous year are as follows:-

	1972	1971
National Dried Milk (tins)	65,152	59,232
Vitamin A & D tablets (packets)	16,362	15,702
Vitamin Drops (bottles)	63,797	26,935
Cod Liver Oil (bottles)	1,518	11,287
Orange Juice (bottles)	127,741	423,648

Although cod liver oil and orange juice ceased to be available as welfare foods on 30th April 1971 and 31st December 1971 respectively, outstanding stocks still held in the County were sold to beneficiaries as shown in the above table.

## **Medicaments and Nutriments**

The scheme for the supply of free medicaments to mothers and young children and the sale of nutriments on the approved list continued throughout the year.

## **Dental Inspection and Treatment**

The report of the Chief Dental Officer on the County Dental Service appears on page 68

Details of the dental treatment provided for expectant and nursing mothers and for young pre-school children during 1972 are given below:-

	<b>Children 0-4 years of age inclusive</b>	<b>Expectant and Nursing Mothers</b>	
First visits (patients actually treated)	1,685	(1,338)	288 (299)
Subsequent visits	2,345	(2,273)	634 (532)
Total visits	4,030	(3,611)	922 (831)
Additional courses of treatment commenced during the year	165	(121)	17 (19)
Number of fillings	3,894	(3,750)	772 (666)
Teeth filled	3,559	(3,401)	701 (586)
Teeth extracted	745	(618)	185 (158)
General anaesthetics	394	(313)	21 (10)
Emergency visits by patients	244	(172)	55 (54)
Patients x-rayed	26	(37)	65 (83)
Prophylaxis (scaling and polishing)	429	(339)	191 (178)
Teeth otherwise conserved	690	(584)	- (-)
Teeth root filled	-	(-)	12 (5)
Inlays	-	(-)	2 (3)
Crowns	-	(-)	8 (3)
Courses of treatment completed	1,358	(1,185)	233 (214)
Number of dentures supplied	-	(-)	30 (19)
Number of patients given first inspections during year	A 4,079	(3,624)	D 374 (335)
Number of patients in A and D above who required treatment	B 1,874	(1,577)	E 327 (275)
Number of patients in B and E who were offered treatment	1,843	(1,547)	324 (272)

*The figures in parenthesis refer to the year 1971 and  
are included for comparison.*

## **Detection and Treatment of Phenylpyruvic Oligophrenia**

During 1972 a total of 18,642 first blood samples were submitted for the Guthrie test, as follows:-

Domiciliary Midwives .....	9,317
Hospitals .....	9,325
General Practitioners .....	-

In addition to these first samples, a total of 389 retests had to be made, for which 222 further samples were taken by domiciliary midwives and 167 by health visitors.

One case was found to be positive.

### **Nurseries and Child Minders Regulation Act, 1948 (as amended)**

As anticipated, the work involved in the registration and supervision of premises and child minders was completely taken over by the Social Services Department during the year.

### **Child Development Sessions**

A total of 270 places were provided, at which 1,834 child development sessions took place. Attendances during the year numbered 16,442 and at the end of the year 172 children were on the priority waiting list.

### **Boarded-Out Children**

503 children, who were boarded out, were medically examined during the year in accordance with the usual arrangements. The necessary action was taken to ensure that 144 children reported to have some medical defect either received treatment or were placed under observation.

The majority of these examinations were undertaken by general practitioners but a small number were carried out by medical officers.

### **Congenital Malformations apparent at Birth**

During the year a total of 323 live and stillborn infants were reported by the doctor or midwife notifying the birth as having apparent congenital malformations. This figure is equivalent to 16.3 per 1,000 births compared with 16.9 in 1971 and 16.6 in 1970.

The types of malformation recorded are given in the following table, multiple malformations being recorded once under each malformation or malformation group:-

Congenital Malformations apparent at birth recorded in 1972,  
with numbers for 1971 in parenthesis

Code No.	Malformation	Male	Female	Total	Rate per 1,000 births	
01	Anencephalus	7	23	30	(24)	1.5
04	Hydrocephalus	6	12	18	(22)	0.9
08	Spina Bifida	12	17	29	(38)	1.5
05,06,09	Other malformations of central nervous system	2	4	6	(8)	0.3
10-13	Malformations of eye	2	3	5	(2)	0.3
16-19	Malformations of ear	11	4	15	(14)	0.8
21	Cleft lip	15	3	18	(22)	0.9
22	Cleft palate	11	7	18	(25)	0.9
20,23-29	Other malformations of alimentary system	12	4	16	(9)	0.8
30-39	Malformations of the heart and circulatory system	6	4	10	(15)	0.5
40-49	Malformations of respiratory system	-	-	-	(2)	-
57	Hypospadias, Epispadias	35	-	35	(30)	1.8
50-56,59	Other malformations of urino-genital system	12	2	16*	(13)	0.8
60	Polydactyly	9	8	17	(13)	0.9
61	Syndactyly	7	3	10	(9)	0.5
62-64	Reduction deformities	4	4	8	(9)	0.4
65	Talipes	34	26	61*	(80)	3.1
66	Congenital dislocation of hip	12	15	27	(19)	1.4
67-69	Other malformations of limbs	8	3	11	(19)	0.6
70-75	Other musculo-skeletal malformations	5	6	11	(15)	0.6
80,81	Malformations of face and neck	1	-	1	(7)	0.1
82-84	Malformations of muscle, skin and fascia	6	10	16	(12)	0.8
96	Down's Syndrome (Mongolism)	1	14	15	(14)	0.8
85-95, 98,99	Other specified and unspecified malformations	12	6	20*	(28)	1.0

\*including one or more children of indeterminate sex

Thirty-six, or about 11 per cent of all the infants reported, were stillborn. Of these, 19 had anencephalus and 9 had other malformations of the central nervous system.

The incidence of some of the main types of malformations over the last eight years is shown in the following table:-

Congenital Malformations 1965 – 1972

	No. of Malformations			Rate per 1,000 Births		
	Males	Females	Total	Males	Females	Total
Anencephalus	43	119	162	0.51	1.52	1.00
Spina Bifida	94	132	226	1.12	1.68	1.39
Cleft lip	112	49	161	1.92	0.62	0.99
Cleft palate (without cleft lip)	29	27	56	0.35	0.34	0.34
Hypospadias, epispadias	188	-	188	2.24	-	1.16
Polydactyly	60	37	97	0.71	0.47	0.60
Talipes	311	298	609	3.70	3.80	3.75
Mongolism	42	66	108	0.50	0.84	0.66

The incidence of a number of the selected congenital malformations is markedly higher for one sex than the other but a statistically significant difference only exists for anencephalus, spina bifida and cleft palate, although when stillbirths are excluded the sex difference for spina bifida is much reduced (males 0.93, females 1.08).

### Audiology Service

During the year there was a further extension of the audiology service by the opening of an additional clinic in Epping. As at the other clinics situated in Chelmsford, Colchester, Harlow, Rayleigh and Thurrock, this is run by a medical officer on the Health Area staff with periodic visits by a consultant in otology. Clinic referrals from Basildon are generally seen at the Rayleigh clinic so that there is now clinic availability in the whole of the administrative County: in addition, since a number of medical officers running these clinics also hold a joint appointment at the local hospital as Honorary Clinical Assistant to the E.N.T. Consultant, good working arrangements exist with these hospitals.

## **SECTION IV – THE MIDWIFERY, HOME NURSING AND HEALTH VISITING SERVICES**

During the year there has understandably been a growing feeling of doubt and anxiety about the future of the nursing services. Efforts have been made by all the nursing administrative staff to give support and to see that the staff are kept well informed of future plans as they develop. No less important has been the improvement in the two-way channels of communications brought about by the implementation of the new nursing management structure. At the end of 1972 the following nursing administrative staff were in post:-

Director of Nursing Services .....	1
Divisional Nursing Officer .....	1
Area Nursing Officers .....	7
Nursing Officers .....	21

Regular meetings of Area Nursing Officers and of Nursing Officers have been held throughout the year.

To help prepare the staff for an integrated service in 1974 schemes have been arranged for exchange experience of hospital and community staff for short periods.

### **In-Service Training**

During the year the established training courses continued, which included:-

- Preparation for Childbirth (Midwives and Health Visitors)
- Physiotherapy in Nursing (District Nurses)
- Four District Auxiliary Courses

In addition, a three-day course for experienced clinic nurses, study days for district nurses and auxiliaries, and courses in family planning have been held.

### **Special Teaching Course for Health Visitors**

A five-day residential training course for health visitors in teaching methods and practise was held at St. Osyth's Teachers Training College in July. This was arranged by the Health Education Tutor at the College in consultation with the Divisional Nursing Officer and Health Education staff, the lecturers being drawn from the College staff.

This course which proved very successful was felt by the staff to be most beneficial and it is hoped to run similar courses annually.

### **District Nurse Training**

Two district nurse training courses were arranged during the year, one for State Registered Nurses, and one for State Enrolled Nurses. 18 nurses were successful in passing the examination in the former course and 8 the latter.

## Health Visitor Training

15 students successfully completed the health visitor's training courses provided at various colleges, the majority training either at the North-East London Polytechnic, Ipswich Civic College, Stevenage College of Further Education, or Leeds University.

## MIDWIFERY

The following table shows the number of midwives (excluding those employed by Hospital Management Committees or Boards of Governors under the National Health Service Act, 1946) who notified their intention to practise in accordance with the provisions of the Midwives Act, 1951:-

Form of Practice	Domiciliary Midwives	Other Midwives	Total
(a) Domiciliary Midwives employed by the Authority	199	-	199
(b) Other Midwives employed in Nursing Homes or in private practice	-	-	-
	<hr/> 199	<hr/> -	<hr/> 199

The midwives employed by the County Council attended 3,880 confinements during 1972.

16,556 of the 19,764 births notified in accordance with Section 203 of the Public Health Act, 1936 occurred in hospital (83.2%) during the year under review. The following table shows the percentage of hospital confinements in the administrative County over the last three years:-

	1970	1971	1972
North-East Essex	94.7	96.7	97.7
Mid-Essex	83.8	85.8	88.2
South-East Essex	68.6	66.8	62.1
West Essex	77.4	79.5	81.1
Harlow	90.5	92.5	94.5
Thurrock	68.6	71.6	77.2
Basildon U.D.C.	68.7	74.6	77.7
Colchester M.B.C.	92.0	92.6	97.5

## **Early Discharge of Maternity Patients from Hospital**

During the year the arrangement whereby maternity patients confined in hospitals were discharged before the expiration of the lying-in period to the care of domiciliary midwives continued: a total number of 11,007 were so discharged, of whom 4,462 were within the first 48 hours.

## **Analgesia**

In 1972, 64 per cent of patients received inhalational analgesia, which all 199 domiciliary midwives employed by the County Council were qualified to administer in accordance with the requirements of the Central Midwives Board. The number of cases and type of analgesia are shown below:-

Gas and Oxygen .....	1,930
Trilene .....	552
Pethidine .....	1,951

## **Ante-natal and Post-natal Clinics**

Attendances at ante-natal and post-natal clinics during 1972 are as set out in the following table:-

No. of Women in attendance	No. of Attendances	
	At Medical Officer's Sessions	At Midwives Sessions
For ante-natal examination	3,226	2,400
For post-natal examination	25	26

Classes in mothercraft and relaxation continued to be provided for expectant mothers attending the County Council's ante-natal clinics; 4,484 expectant mothers attended these classes during the year, of whom 3,848 were booked for confinement in hospital and 636 for confinement at home.

The total number of attendances was 21,819.

## **Ophthalmia Neonatorum**

10 cases of ophthalmia neonatorum were notified during 1972.

## **Maternal Deaths**

3 deaths attributed to pregnancy, childbirth or abortion were notified during 1972.

## Training of Pupil Midwives

Under the arrangements made with Hospital Management Committees whereby the County Council provide domiciliary experience for pupil midwives undertaking second period midwifery training at various hospital training schools, 100 pupils had received or were receiving domiciliary training during the year from teaching district midwives.

## HOME NURSING

During 1972, 31,478 patients were treated by home nurses, 21,434 in their own homes and 10,044 at other places i.e. hospitals, residential homes.

Age Group	No. of Patients treated	No. of Treatments given
Under 5 years of age	1,845	4,274
Over 5 and under 65 years	12,900	130,145
Over 65 years of age	16,733	458,929
	<hr/> <hr/> 31,478	<hr/> <hr/> 593,348

569,583 of the treatments were given in the patient's home, 29,576 of them by district auxiliaries, 19,946 were given at clinics and surgeries and 3,819 in other places, i.e. hospitals, residential homes.

## HEALTH VISITING

A total of 115,043 cases were seen during the year by health visitors employed by the County Council and 207,451 visits were made to their homes. Details are as follows:-

Age Group	No. of Cases seen	No. of Home Visits
Under 5 years of age	89,226	159,908
65 years of age and over	9,184	23,623
Others	16,633	23,920
	<hr/> <hr/> 115,043	<hr/> <hr/> 207,451

In addition, tuberculosis visitors made 584 visits to 191 households, and clinic nurses made 10,177 visits, of which 9,031 were to the elderly.

## **PREPARATION FOR CHILDBIRTH**

During the year, a further 3-day course of instruction on preparation for childbirth, was organised for health visitors and midwives. This course was attended by 24 health visitors, domiciliary midwives and hospital midwives and was held at the Medical Academic Unit of the Chelmsford & Essex Hospital under the direction of Mrs. A. Gill, M.C.S.P.

This course was very much appreciated by all who attended.

## **ATTACHMENT OF HEALTH VISITING, MIDWIFERY AND HOME NURSING STAFF TO GENERAL MEDICAL PRACTICES**

The number of attachment and liaison schemes in operation at the end of the year is as shown below:-

Category of staff	No. employed in Attachment Schemes:	
	Full Schemes	Part Schemes
Health Visitors	83	26
Midwives	62	14
Home Nurse/Midwives	1	21
Home Nurses	58	30

It is encouraging to note a marked increase in the number of full attachment schemes compared with 1971.

## SECTION V — PREVENTIVE MEDICINE

### CARE AND AFTER-CARE TUBERCULOSIS

In 1972, Medical Officers of Health notified 143 cases of respiratory and non-respiratory tuberculosis. This figure, compared with 159 cases in 1971, represents a decrease of 16 (6 respiratory and 10 non-respiratory). The details of age and sex distribution are given below:-

	Sex	0-4	5-14	15-24	25-44	45-64	65 and over	All ages
Respiratory	M	3	3	8	21	36	12	83
	F	4	3	3	16	9	1	36
Non-respiratory	M	—	2	1	2	1	—	6
	F	—	2	—	9	5	2	18

The number of primary notifications and deaths in the County Districts of the administrative County for the years 1965 to 1972 are shown in the following table:-

	Respiratory Tuberculosis		Non-Respiratory Tuberculosis		Tuberculosis (all forms)			
	No. of Notifications	No. of Deaths	No. of Notifications	No. of Deaths	No. of Notifications	No. of Deaths	Rate per 1,000 population	
							Notifications	Deaths
1965	209	28	33	4	242	32	0.20	0.03
1966	166	24	26	5	192	29	0.18	0.03
1967	176	34	31	2	207	36	0.19	0.04
1968	161	17*	29	9*	190	26	0.17	0.02
1969	127	14*	27	11*	154	25	0.13	0.02
1970	108	17	29	1	137	18	0.12	0.02
1971	125	15	34	4	159	19	0.13	0.02
1972	119	18	24	2	143	20	0.12	0.02

\*Deaths from late effects of respiratory tuberculosis were included with non-respiratory deaths in 1968 and 1969

#### Domiciliary Visits

Tuberculosis visitors attended 191 households and health visitors made visits to 648, the total number of households visited being 839.

## Follow-up Contacts

During 1972 the total number of examinations was 5,165; of these, 2,033 were contacts of cases of tuberculosis examined for the first time and 3,132 subsequent examinations were made.

## B.C.G. Vaccination

Throughout the year the vaccination of contacts of patients suffering from tuberculosis, for whom Mantoux tests had proved negative, continued and the total numbers vaccinated, together with comparative figures for 1971, are as follows:-

	1972	1971
Number of contacts skin tested	996	1,021
Number of contacts found to be positive	251	343
Number of contacts found to be negative	743	672
Number of contacts vaccinated	527	648
Number of babies vaccinated at birth	34	—

B.C.G. vaccination of school children and students continued in 1972 and the following figures give details and comparative figures for 1971:-

	1972	1971
Number of pupils and students skin tested	14,381	14,510
Number of pupils and students —		
(a) with positive results	620	643
(b) with negative results	12,971	13,188
(c) with vaccinated with B.C.G.	12,784	12,957

## Extra Nourishment

The scheme for the provision of free milk continued throughout 1972; 33 new tuberculosis cases and 14 new cases of other chest diseases received this service. At the end of the year, 299 patients were in receipt of free milk.

## Mass Radiography

One mobile radiography unit under the jurisdiction of the North-East Metropolitan Regional Hospital Board continued to operate in the administrative County during 1972 when sessions were held at factories, hospitals, etc. A total of 10,542 persons were x-rayed, of whom 4,911 were males and 5,631 were females. This figure compares with 41,289 persons x-rayed in 1971, during which year, however, two mobile radiography units were operating.

## Tuberculosis Care Associations

During the year no assistance was provided to any local committee but the County Council assisted one patient by paying excessive arrears for electricity which had accrued during a lengthy illness.

## OTHER ILLNESSES

### Recuperative Convalescence

From 1st April 1972 the Social Services Committee took over full responsibility for the provision of recuperative convalescence and from April to the end of December 77 patients were assisted by this service.

### Loan of Sickroom Equipment

Sickroom equipment was made available, on loan, throughout the year to patients in their homes. The equipment is provided either through home nurses or the health area offices, and the articles on loan at the end of 1972 totalled 6,367.

## RENAL DIALYSIS

Throughout 1972 the Essex County Council gave financial assistance towards the cost of carrying out the necessary adaptations to the homes of eleven patients, three of whom required portable units (Portakabins) to enable them to be provided with renal dialysis equipment.

The total number of patients within the administrative County who have now received this form of assistance is 39 and the average cost of carrying out home adaptations is £473.

## INFECTIOUS DISEASES

The corrected number of notifications of infectious diseases received by Medical Officers of County Districts during 1972 will be found in table V.

It is interesting to note the variation in notifications received over the past five years as will be seen in the following table:-

	1968	1969	1970	1971	1972
Scarlet Fever	483	548	443	379	326
Whooping Cough	611	200	314	541	78
Measles	3,257	4,543	6,886	3,562	2,038
Diphtheria			22	1	-
Acute Poliomyelitis (Paralytic)	...	-	-	-	-
Acute Poliomyelitis (Non-Paralytic)	...	-	-	-	-
Acute Encephalitis (Infective)	...	1	2	1	2
Acute Encephalitis (Post-Infectious)	...		4	1	3
Acute Meningitis	13	10	19	27	17

## INFECTIOUS DISEASES *continued*

			1968	1969	1970	1971	1972
Typhoid Fever ...	...	...	-	3	-	1	1
Paratyphoid Fever ...	...	...	1	1	6	2	2
Dysentery ...	...	...	183	482	78	72	143
Food Poisoning ...	...	...	113	215	310	229	168
Infectious Jaundice ...	...	...	480	372	423	180	204
Tuberculosis, Respiratory ...	...	...	161	127	108	125	119
Tuberculosis, Meninges, CNS ...	...	...	3	2	1	-	1
Tuberculosis, Other ...	...	...	26	25	28	34	23
Ophthalmia Neonatorum ...	...	...	-	3	1	-	10
Malaria ...	...	...	-	2	5	4	1
Anthrax ...	...	...	-	-	-	-	1
Leptospirosis ...	...	...	-	1	-	-	-
Tetanus ...	...	...	-	-	-	-	1

## VACCINATION AND IMMUNISATION

Authorities were advised during 1971 by the Department of Health and Social Security that vaccination against smallpox need not now be recommended as a routine procedure in early childhood and consequently the recording of the number of persons vaccinated or re-vaccinated, under the age of 16 years, has now been discontinued.

### Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

The following table indicates the number of persons under 16 years of age who completed primary courses of injections and received reinforcing doses to protect them against diphtheria, whooping cough, tetanus and poliomyelitis during 1972:-

	Year of Birth					Others under 16 yrs of age	Total
	1972	1971	1970	1969	1965- 1968		
<b>Primary Courses</b>							
Diphtheria	935	14,544	4,605	521	572	56	21,333
Whooping Cough	932	14,320	4,460	422	243	47	20,424
Tetanus	936	14,559	4,610	534	694	1,630	22,963
Poliomyelitis	927	14,585	4,523	528	600	245	21,408
<b>Reinforcing Doses</b>							
Diphtheria	-	299	673	249	16,658	1,585	19,466
Whooping Cough	-	260	550	127	2,919	171	4,027
Tetanus	-	305	704	308	17,179	5,307	23,803
Poliomyelitis	-	262	606	223	17,229	4,534	22,854

Details of Antigens given to children are as follows:-

	Primary Courses	Reinforcing Doses
Quadruple D.T.P.P.	—	—
Triple D.T.P.	20,421	4,025
Diphtheria/Pertussis	—	1
Diphtheria/Tetanus	902	15,333
Diphtheria	10	107
Pertussis	3	1
Tetanus	1,640	4,445
Poliomyelitis - Salk	240	24
Poliomyelitis - Sabin (oral)	21,384	22,830

The following table shows the number of children vaccinated against measles:-

	Year of Birth					Others under 16 yrs of age	Total
	1972	1971	1970	1969	1965-1968		
Numbers vaccinated	20	6,899	5,639	1,223	1,906	162	15,849

### Rubella Vaccination

As a result of advice given by the Joint Committee on Vaccination and Immunisation to the Secretary of State for Social Services and accepted by him, arrangements were introduced for the vaccination against rubella of certain categories of women of child-bearing age. Vaccination continued to be offered to girls aged 11 to 14 years and this form of protection was accepted by 6,848 of them during the year.

### Yellow Fever

The centre in the Health Suite at County Hall, Chelmsford, continued to provide yellow fever vaccination during 1972 at a charge of £1.50 per person, subject to a reduction for residents within the administrative County in accordance with the County Council's assessment scales. This year 570 persons were vaccinated against yellow fever, a decrease of 45 compared with the total for 1971.

## SEXUALLY TRANSMITTED DISEASES

Details of new cases of syphilis, gonorrhoea and other conditions diagnosed at special clinics throughout the administrative county during 1972 are shown in the following table:-

	Syphilis	Gonorrhoea	Other Conditions
Chelmsford	4	64	800
Colchester	—	132	1,081
Harwich	—	7	43
Tilbury	7	101	804
Total	<u>11</u>	<u>304</u>	<u>2,728</u>

Many of the new cases at Tilbury Clinic are of seamen and the exclusion of these and other non-residents reduces the above figures to:-

Syphilis – 7                    Gonorrhoea – 203            Other Conditions – 2,030

On the other hand sexually transmitted diseases in residents of Essex are also diagnosed at clinics outside the administrative County at Southend-on-Sea, Romford, Cambridge, Bishops Stortford and the London Teaching Hospitals. From returns received from these clinics it is known that there were 13 other cases of syphilis, 154 of gonorrhoea and 1,289 of other conditions but all clinics which might be expected to treat Essex cases did not submit returns, hence the total figures of 20 cases of syphilis, 357 of gonorrhoea and 3,319 other conditions are probably not complete.

## HEALTH EDUCATION

1972 saw a continuing increase in the demand for health education from many sources and a very full programme was carried out. Much credit is due to the willingness of all concerned to undertake the work involved and give the extra effort needed to meet all requirements and ensure the worthwhile results which have been achieved.

The increase in the number of health education officers has resulted in a corresponding increase in the demand for health education from schools and other organisations. This meant a considerable strain on central office resources and in an effort to reduce this it was decided to allow schools with suitable film projection facilities to have films on loan without the necessity of a projectionist being in attendance.

The County Drugs Liaison Committee, which has been augmented by representatives from the Probation Service, the Chairman of the Juvenile Court of Chelmsford, a representative of the Federation of Essex Headteachers together with consultant psychiatrists working in the psychiatric hospitals, became concerned at the way in which drugs and unused medicines were left in bathroom and medicine cabinets when they were no longer needed by patients and they felt that "Don't Hoard Medicines" campaigns might help to lessen this danger, particularly to

children. This also had the approval of the local medical and dental committees for Essex and Southend-on-Sea and hospital management committees throughout the County. The broad plan was to advertise by means of specially designed posters exhibited in the waiting rooms of hospitals, clinics, and general practitioners and in public buildings, by coverage in the local press, on television and radio when time could be made available by this media and by any other means available to bring the campaigns to the notice of the public, and invite them to take old medicines and drugs to one of the collecting points set up in local pharmacies from where they would be conveyed for disposal under police supervision.

To launch these campaigns Detective Chief Superintendent L. White of the Essex and Southend-on-Sea Joint Constabulary joined me in appearances on both BBC and Independent television. Radio time was also made available to advertise the campaign. The results to date have been most encouraging and indicate that the campaigns are worthwhile.

### **Essex Show**

The Department, as usual, staged an exhibit at the Essex Show held at the show ground, Great Leighs on 16th and 17th June 1972. As on previous occasions, the health education staff were fully involved and the subjects covered by the exhibit were:-

- (a) Foot Health
- (b) The dangers of "do-it-yourself" in and around the house.

The Foot Health exhibit was divided into three sections. The first depicted the importance of wearing sensible footwear and caring for feet throughout life. In this two "roadways" travelling through various age groups from early childhood to old age depicted on the one hand unhappy feet and on the other the happy ones. Models of feet and footwear appropriate to the various "milestones" of life were on display. The second consisted of an electronic foot gauge with which the qualified staff present were able to measure the feet of members of the public and advise them on the correct size of footwear. Part of this section was allocated to a team from Clarks Shoes Ltd. of Somerset who were undertaking a survey of women's feet and legs with particular reference to the leg shape in current fashions in ladies' boots. The public were invited to participate in this survey and considerable interest was shown by them. The third section depicted an up-to-date chiropody clinic where information in respect of services provided by the local authority was available from the qualified chiropodists in attendance. A show case exhibiting the dangers of self treatment was also on display.

The "Do-it-yourself" home was divided into the following:-

- (a) a garage, stressing the importance of the care and thought required when working on a car;
- (b) a workshop, ("a place for everything - everything in its place") depicting the dangers of an untidy workshop:

- (c) a home decorating exhibit, which stressed the care needed and showed the safety measures required when handling broken glass, and when using ladders and/or scaffolding when redecorating both inside and outside the house, as well as showing the dangers to be found in the loft of a house;
- (d) a kitchen, depicting hygiene in connection with the preparation of food and the correct use of a refrigerator; and
- (e) a section showing the dangers inherent in the use of power driven equipment, with special reference to rotary mowers, electrical mowers and hedge trimmers.

An outside display was given by members of the County Ambulance staff entitled "You may be called upon to save a life". This was a practical demonstration in first aid and whilst it was being staged a running commentary was given through the public address system.

Facilities were also provided for members of the British Red Cross Society to demonstrate the beneficial psychological effect of beauty treatment in the care of hospital patients and to enlist the aid of volunteers to undertake this work in hospitals throughout the county.

The popular innovation from the previous year of tea being served to visitors by lady members of the Health Department staff was continued and was very much appreciated by the members of the public who came to see the exhibition.

## **Smoking and Health**

The major campaign, organised to include all junior schools in the North-East Essex Area, continued throughout the year. The second phase was completed by July, and the third phase commenced in September. As most secondary schools include the topic in health education courses, or make special arrangements where there is no such course, it has been agreed to concentrate the programme in the junior schools. Biennial visits will still be made and it is pleasing to note that such evaluation as is possible continues to show a decrease in the incidence of smoking among children. The programme has been altered only to include current evidence and the changing social and political attitude.

A "No Smoking Clinic" was organised for members of the County Council staff as part of a month-long campaign against smoking in the county offices. Unfortunately, the numbers attending the clinic were not as large as had been hoped but nevertheless a high degree of success was attained. The sessions ran from 5.30 p.m. until 7.00 p.m. each evening for five consecutive days and it is accepted that the timings were probably the main reason for so few people attending. If and when a further clinic is organised, consideration will be given to arranging a more acceptable time.

Two smokers' clinics were conducted in the south-east of the County (Canvey Island and Rayleigh) where the assistance of the British Temperance Society was obtained. Both clinics were fully supported by the Health Education service. The attendance at these was generally very good and while the initial results can be considered as highly satisfactory, it is realised that some smokers will inevitably return to the habit. However, if a long term success rate of 33 per cent is achieved the scheme can be considered worthwhile and continuing effort will be made in this direction.

Additional displays on smoking have been constructed by the technical staff and three of these displays were used at the Harlow Town Show over the August Bank Holiday period. The exhibits range in size from 8ft wide by 7ft high to table top size displays and are in constant demand for supporting school projects or for use in health centres and clinics.

### **Study days**

The series of study days for head teachers and school counsellors, begun in the latter part of last year when problems associated with drugs, contraception and venereal diseases particularly as they affected young people were discussed, were continued into the first quarter of this year.

Most senior schools and many of the colleges of further education within the County were represented at these study days, indicating that there is a definite need for up-to-date information to be made available to senior educational establishments on these matters.

### **Training**

In June arrangements were made, in conjunction with those interested in teaching health educators, for some 15 health visitors to spend a week in residence at St. Osyth Teachers' Training College, Clacton-on-Sea where a "Teaching to Teach" course was held.

Evaluation of the course indicated that all those who had attended felt that they had gained considerable benefit. The merit in the course was in the opportunity being given to put into practice that which had been learned during the week when a teaching session was arranged in a local primary school. This was much enjoyed. There is little doubt that this course proved its worth and that many lessons were learned which will be put to good use when it is possible for further similar courses to be arranged.

### **Health Education Officers**

Just over two years ago when the number of Health Education Officers throughout the County increased, it was realised that it would be of benefit if regular meetings were to be held not only to exchange ideas but also for all concerned to meet and be made aware of health education matters in general and the needs of the County in particular. As a result, meetings are now held every quarter and have proved most helpful.

The first part of each meeting is utilised in previewing new films which are considered to be of interest not only to the health educators but also to the medical, nursing and other professions with whom they have a very close working relationship. The content and quality of each film is fully discussed and a record is kept of the salient points for future reference.

The remainder of each meeting is spent in conference when items of interest to health education staff are discussed.

### **Home Safety**

The Assistant County Health Education Officer together with the Health Education Officers employed by the two delegatee authorities attended the two-day conference on home safety convened by the Royal Society for the Prevention of Accidents held at Cheltenham in November. The Department is also represented on the East Anglian Home Safety Committee.

Monetary grants together with material assistance and advice were made to the eight local Home Safety Committees during the year.

### **Dental Health**

Requests for dental health education continued unabated during 1972 and exhibitions, together with lectures on oral hygiene, were staged in a number of schools. It is pleasing and encouraging to note this continued demand for dental health education particularly from primary schools. The Chief Dental Officer has given a full account of these in his report.

### **Health Education Centre**

Elsewhere in this report reference is made to the scheme to provide a regional ambulance training centre in the former Isolation Hospital at Chelmsford. Not all the accommodation being leased is required for this particular function and it was decided to adapt one separate unit for use as a health education centre in place of the accommodation currently used which is now required for other County purposes.

The scheme will include a workshop, a cinema, a library reference room, an exhibition room and rooms where discussions and meetings can be held. This scheme, which it is hoped will be completed in the autumn of 1973, will mean greatly improved facilities for those who participate in the provision of the health education service.

## **ROUTINE CERVICAL CYTOLOGY**

During the year the scheme for routine cervical cytology testing and examination of the breasts continued and the equivalent of 900 sessions were held. A total of 9,145 women attended these sessions, of whom 3,023 had

not previously been tested. In addition, results were received of 14,936 tests (6,797 being first tests) by general practitioners, 10,709 (5,049 first tests) at hospitals and 8,006 (4,000 first tests) by the Family Planning Association and other agencies.

The following table gives an age/parity breakdown of 42,279 of the women tested:-

	Age of Women					All ages
	Under 25 years	25-34 years	35-44 years	45-54 years	55 years or over	
Single	1,843	497	179	121	73	2,713
Married - no children	1,693	2,223	918	818	472	6,124
Married - 1 child	1,413	3,017	1,484	1,355	681	7,950
Married - 2 children	834	5,807	4,541	2,541	877	14,600
Married - 3 children	125	2,201	2,532	1,374	487	6,719
Married - 4 children	25	640	1,076	635	256	2,632
Married - 5 or more children	9	221	643	479	189	1,541
	5,942	14,606	11,373	7,323	3,035	42,279

During the year, about 20 per cent of the married women between 25 and 35 years were tested, falling to about 11 per cent of the married women between 45 and 55 years and still less for women over 55. The number of positive results reported was 102 or 2.4 per 1,000 tested. The pick-up rate was much higher for women of over 45 and for those with 4 or more children than for other women, as is shown by the following figures for married women:-

No. of Children	Under 25 years	25-34 years	35-44 years	45-54 years	55 years or over	All Ages
0	1.2	1.3	1.1	2.4	6.3	1.8
1, 2 or 3	1.3	1.9	1.4	3.0	8.8	2.4
4 or more	-	2.3	2.9	5.4	13.5	4.6
All Married Women	1.2	1.8	1.6	3.3	9.1	2.5

## CHIROPODY

There were 66 chiropodists employed in the administrative County at the end of December 1972, working the equivalent of 44.3 whole-time officers.

The sessions worked by these chiropodists amounted to 17,622 as follows:-

At Clinics	9,978	(9,285)
Domiciliary	6,896	(5,913)
Social Services Establishments	748	(671)
	<hr/> <u>17,622</u>	<hr/> <u>(15,869)</u>

The figures in parenthesis indicate the number of sessions worked during 1971.

The County Council continued, as in previous years, to make a grant to the Essex Old People's Welfare Association to enable them to assist Old People's Clubs to run a chiropody service in those areas where the direct service was not available.

Recruitment of staff continued to improve and in consequence it proved possible to arrange, in accordance with general policy, to take over more work from the voluntary chiropody service and in addition it became practicable to commence a phased programme of further development so that not only the priority groups (i.e. the elderly, the physically handicapped and expectant mothers) can receive treatment.

Treatment is now available to all handicapped members of the community and following the successful pilot scheme at the Chelmsford Adult Training Centre, is offered to trainees at all adult training centres and occupational training centres. It is hoped to offer a limited service to school children, including those in special schools in the near future. Visits to establishments under the control of the Social Services Department were maintained.

The following table gives details of the cases and the number of treatments given:-

Category	Number of Cases	Treatments:		
		At Clinics	Domiciliary	Social Services, Establishments
Aged over 65	18,629	61,493	31,724	7,472
Physically handicapped	468	885	901	326
Children	1,100	1,996	—	—
Others	103	453	30	—
	<hr/> 20,300	<hr/> 64,827	<hr/> 32,655	<hr/> 7,798

## FAMILY PLANNING

During the year, the Family Planning Association continued to act as the Council's agent for the provision of family planning services on the basis of Application 6 of the National Family Planning Agency Scheme. Under this scheme 41 family planning clinics were operating in the administrative

County and during the year 7,962 new patients received advice and treatment, 4,796 of whom were medical cases for whom financial responsibility was accepted by the County Council.

In addition to the general family planning service domiciliary family planning services are operating in two Health Areas, namely Harlow and Thurrock.

The Harlow scheme, which is provided through the agency of the Family Planning Association, was commenced as a pilot scheme for women whose circumstances make them unable or reluctant to attend family planning clinics. The service commenced in February 1972 and although widely publicised to various bodies and organisations from which it was expected referrals would be received, a total of 14 cases only were referred and received advice and treatment during the year.

The service operating in the Tilbury district of the Thurrock Health Area, which also commenced in February 1972, is financed partly by a grant from the Home Office under the Urban Programme, whereby an annual grant equal to 75% of the cost is made for a period of five years, with the possibility of an extension. Unlike Harlow, this service is not operated within the present agency arrangements but is undertaken directly by the County Council employing a medical officer on a sessional basis with the assistance of a clinic nurse. During the year, a total of 72 patients have been seen and given advice.

A domiciliary service is also provided, through the agency of the Family Planning Association, at two hostels for the homeless in the North-East and West Essex Health Areas respectively.

## REGISTRATION AND INSPECTION OF NURSING HOMES

At the end of the year there were 11 nursing homes registered by the County Council under Part VI of the Public Health Act, 1936.

## AGENCIES FOR THE SUPPLY OF NURSES

Two nursing agencies were operating in the administrative County at the end of the year.

## FACTORIES ACTS, 1937 AND 1948

During 1972 the functions of factory doctor in the Borough and the Rural District of Maldon were undertaken by medical staff of the Department. 153 young persons (111 males and 42 females) were examined and issued with certificates of fitness for employment under Section 18 of the Act.

## NATIONAL ASSISTANCE ACT, 1948

Visits to residential hostels, under the jurisdiction of the Social Services Committee, were made throughout the year by a Principal Medical Officer on the staff of the Health Department.

### WELFARE OF THE BLIND AND PARTIALLY SIGHTED

A total of 326 Forms B.D.8 were completed during 1972 in respect of new cases, including 9 found to be defective and 16 who were not eligible for registration.

As a result of these examinations, 175 persons were registered as blind and 126 as partially sighted.

In addition, 174 re-examinations were undertaken with a view to re-classification of the patients concerned and the diagnoses were as follows:-

Blindness .....	54
Partial Sightedness .....	103
Defective Sightedness .....	12
Not eligible for registration .....	8

The following table gives a summary of the information obtained in following up the new cases where treatment was recommended:-

	Cause of Disability			
	Cataract	Glaucoma	Retrobulbar Fibroplasia	Others
(1) New cases only:				
(a) No treatment	5	2	-	172
(b) Treatment (medical, surgical or optical)	44	31	-	78
(2) Number of cases at (1)(b) above which on follow-up:				
(a) Had received treatment	14	13	1	28
(b) Had refused treatment	2	-	-	-

The Director of Social Services has kindly supplied the following information relating to the registration of persons found to be blind or partially sighted:

The total number of persons on the register at the end of 1972 was 2,201 and of these, 843 were males and 1,358 were females.

At the end of 1972, 750 persons were registered as partially sighted and of these, 272 were males and 478 were females.

## SECTION VI – THE AMBULANCE SERVICE

The staff of the Central Ambulance Control at Chelmsford, assisted by the transport officers employed at some of the larger hospitals on a joint appointment basis, have continued to deal with all requests for the provision of ambulance transport and with the control of vehicle movement. The "block booking" system, which commenced in 1968, is still in use and a punched card system which provides an easy method for sorting and selecting patient journeys has now been introduced as an additional aid at the Control. In order to improve the service a few specified vehicles have been allocated to the transport officers who are authorised to make local use of them to speed up the return journey of out-patients on completion of treatment.

Day hospitals continue to be brought into use and the conveyance of patients in groups at the beginning and end of the day is becoming more commonplace. To cope with this type of work special 12/15 seater sitting case vehicles have been brought into use and ambulance driver/attendants have been appointed on a split shift basis to drive them.

### Deployment of Vehicles and Staff

A number of improvements in ambulance cover were made during the year and 7 additional vehicles were purchased and the staff complement increased by 36 posts of driver/attendant.

Towards the end of the year work commenced on the building of an ambulance station at Braintree to replace the one in the town which is in rented accommodation.

The officer structure was reviewed in the light of the retirement of one of the four Area Superintendents and the county is now divided in two, each half having an Area Superintendent responsible for the day-to-day running of ambulance stations, vehicles and staff. The other former Area Superintendent has retained equivalent rank but has been given new duties and is responsible solely for the in-service training of ambulance staff. He is still regarded as an operational officer and is on the rota of officers who are on call outside normal office hours to deal with any major incidents or unusual activities.

The Hospital Car Service, provided by the Joint Committee of the Order of St. John and the British Red Cross Society, continues to supplement the directly-provided service and is used to convey some of the sitting case patients.

The arrangement whereby a private firm provides, on request, a radio controlled taxicab to convey patients from hospitals in the London area to suitable points in Essex where they can be transferred to an ambulance vehicle and then taken home continues to exist and has proved to be useful to the service.

## **Central Ambulance Control**

Arising from a recommendation made by the County Council's Organisation and Methods Team in a report on the ambulance control a working party was set up to advise on the working conditions and equipment used in the control room and to make recommendations for improved environment and efficiency of control.

They reached the conclusion that in the long term it would be necessary to build a new control or to make considerable alterations to the existing one but that a number of minor works relating to the communications system and the environmental conditions as well as employing some extra staff were essential to improve the existing arrangements as a temporary measure. All the recommendations were adopted and authority has been given for the necessary structural alterations to be carried out and the equipment installed.

## **Vehicles and Equipment**

The total vehicle establishment of the ambulance fleet is 140 although two vehicles are on permanent loan to local hospitals, two are attached to the Regional Training School and four are located at strategic stations in the County and are available for use to carry bulk supplies in the event of an emergency or a major disaster.

20 replacement vehicles, of which 8 are dual-purpose ambulances and 12 of which are sitting case vehicles, were ordered during the year. This means that all vehicles in use in the ambulance fleet are now of modern design and that a high degree of reliability, safety and comfort exists.

All vehicles continue to be serviced in accordance with the general recommendations of the engine and chassis manufacturers and this appears to be satisfactory.

The obsolete low band amplitude-modulated radio equipment has now been replaced by frequency-modulated equipment designed to operate on the high band frequencies.

Negotiations have been completed for the installation of an aerial system on a radio mast at Great Bromley which will provide stronger signals than the aerials in use at Shrub End, Colchester. Arrangements were made to dismantle an unsafe aerial mast at the ambulance control and to re-site the low power in-fill transmitters at the Danbury site.

## **Training**

All new entrants to the ambulance service engaged on the full range of duties are required to obtain a basic qualification by attending a six weeks course of training at a recognised regional ambulance training centre and thereafter to attend a two weeks refresher course every three years. The Department of Health and Social Security has now recommended that

additional arrangements should be made to provide in-service training for all ambulance staff to ensure they become aware of any changes in techniques and designs of equipment that occur between their normal training periods. Suitable instructors have been appointed for this purpose and in-service training is now a regular feature.

It has also been recommended that within 6 to 12 months after his basic training an ambulanceman should have a week's hospital experience aimed at giving him a better understanding of medical matters by relating the basic training to the realities and problems arising with hospital patients. In co-operation with the major hospitals a suitable curriculum and programme has been arranged and this scheme is operating smoothly.

## Hospitals

The additional carrying capacity of the Ford Transit sitting case vehicles, first brought into use three years ago, has proved of great benefit in connection with the work of conveying patients to and from their homes and the various day hospitals. In the knowledge of the plans of the hospital authorities to provide more day hospital places it is intended to continue introducing similar models in the fleet in order to keep pace with the demands made upon this service.

Arrangements still exist whereby obstetric flying squads from selected hospitals and the emergency team based at Severalls Hospital, Colchester can be conveyed if necessary to the homes of patients.

## Conveyance of Patients by Air

No occasion arose during the year to take advantage of the arrangements which exist whereby a helicopter can be provided for special patients by the armed forces although two patients were conveyed by commercial aircraft.

## Royal Humane Society Award

Resulting from the action he took at personal risk to himself in releasing a child trapped in an upturned car, Driver/Attendant B. G. Trow of the Burnham Ambulance Station was awarded a Testimonial on Parchment by the Royal Humane Society.

## National Safe Driving Competition

251 driver/attendants were successful in gaining awards in this competition organised by the Royal Society for the Prevention of Accidents. The awards included one 30 year silver cross, one 27 year bar, one 25 year bronze medal and one 24 year star bar.

## Publicity Posters

Demands on the ambulance service continue to rise and so do the number of abortive journeys. Efforts are continually being made to ensure that ambulance transport is provided only when necessary and it was decided to have a poster campaign to bring this to the attention of all persons authorised to order ambulance transport and to the general public also. Four posters were designed aimed at reducing the incidence of the use of ambulance transport by those capable of proceeding to and from hospital for treatment by public or private transport. The posters have been distributed to hospitals, general practitioners, local authorities and commercial concerns for display in public places and it is hoped that this will have some effect in reducing demand for unnecessary ambulance journeys.

## Statistics

The following table shows the miles run and the patients conveyed by the directly provided service, the agency service and the hospital car service:-

	Year	Directly provided service	Agency Service	Hospital Car Service	Whole Service
Patients conveyed	1967	361,539	4,379	69,156	435,074
	1968	380,236	4,753	48,259	433,248
	1969	384,220	6,152	44,153	434,525
	1970	378,171	5,442	51,042	434,654
	1971	396,763	5,344	47,818	449,925
	1972	398,757	5,283	41,460	445,500
Mileage	1967	2,571,732	27,092	1,092,977	3,691,792
	1968	2,599,400	26,955	824,536	3,450,891
	1969	2,654,371	29,740	764,763	3,448,874
	1970	2,591,753	27,127	877,634	3,496,514
	1971	2,761,141	29,466	797,799	3,588,406
	1972	2,849,544	29,112	711,580	3,590,236
Average Mileage per Patient	1967	7.1	6.2	15.8	8.5
	1968	6.8	5.7	17.1	8.0
	1969	6.9	4.8	17.3	7.9
	1970	6.9	5.0	17.2	8.1
	1971	7.0	5.5	16.7	8.0
	1972	7.1	5.5	17.2	8.1

There was a small increase in the number of patients conveyed by the directly provided service and as most of these were "carry" cases, the average mileage per patient rose slightly. The fall in the total number of patients conveyed is related in some degree to the campaign introduced to ensure that ambulance transport is used only where a bona fide need exists.

## REPORT OF THE CHIEF DENTAL OFFICER

The full statistical returns are shown on page 41 of the Report.

### Treatment

Whilst the pattern and extent of dental inspection and treatment for expectant and nursing mothers and for pre-school children tends to remain much the same year by year, it is heartening to note that once again a greater number of young children were seen and treated than during the previous year. It is noteworthy also that whereas for several years the number of mothers seeking treatment from the Local Authority Service has remained static or actually declined, more treatment for these patients was carried out in 1972 than in 1971 although the number of individual patients seen was very slightly less. The increased amount of treatment carried out both for mothers and young children reflected the larger number of sessions devoted to this branch of the service which, in turn, was made possible by a slightly better dental staffing position during the year.

For comparison, the figures for 1971 are shown in parenthesis hereunder:-

4,079 (3,820) children were inspected during the year and 1,843 (1,651) were offered treatment; additionally, 475 (273) children were re-inspected during the year. 1,685 (1,338) individual children received treatment, making 4,030 (3,611) visits. 165 (121) additional courses of treatment were undertaken and more courses of treatment of all kinds were completed, 1,358 (1,185). It is encouraging that a greater number of deciduous (milk) teeth were conserved by filling, 3,559 (3,401), whilst the greater number of such teeth which needed extraction, 745 (618) does not necessarily reflect that the children's dental condition is deteriorating but rather that more staff were able to deal with a greater number of children. It is nevertheless, saddening to report that there were 244 (172) emergency visits by children, the implication being that parents did not seek inspection until pain forced them to seek treatment for their children.

Conservation, rather than extraction, of teeth in pre-school children has continued to be the aim, although the ratio of deciduous teeth conserved to deciduous teeth extracted fell from 5.5 : 1 in 1971 to 4.8 : 1 in 1972. The desirability of early and regular inspection of children from the age of 2½ – 3 years onwards cannot be over-emphasised, and to this end all appointment cards have a note inviting parents to bring along to the clinics for check-up their younger children.

The effectiveness of sending children a birthday card on their third birthday reminding the parents of the desirability of regular dental inspection is being studied by the Thurrock Area Dental Officer in a pilot scheme at Stanford-le-Hope. Whilst it is still too soon to evaluate the response over a

period of time, preliminary results show a 20–25 per cent response which if maintained would be considered fairly satisfactory and worthy of expansion in other areas.

There is no doubt that the majority of expectant and nursing mothers quite naturally attend their usual dental practitioners, but the increased amount of treatment carried out by the Essex Local Authority Dental Service indicates that a demand is being met. 374 (369) mothers received a first inspection during 1972, 324 (304) of them were offered treatment and 288 (299) individuals made a total of 922 (831) visits for treatment. 772 (666) fillings were carried out and 185 (158) teeth extracted. 191 (178) mothers received scaling and polishing but there was a considerable increase in the number of dentures supplied: 19 to 30. A slightly greater number of courses of treatment, 233 (214), were completed.

## Staff

40.7 dental officers, excluding the Chief Dental Officer and the Orthodontic Specialist, were in post at the end of the year compared with the full-time equivalent of 36.4 at the end of 1971. The full-time equivalent of dental auxiliaries had fallen to 7.1 at the end of 1972 compared with 8.3 at the end of 1971. This reduction is to be regretted since their contribution to the treatment of young children is valuable.

The number of half-days spent by the staff on inspecting and treating mothers and young children, 874 (750), together with 95 (53) sessions spent in dental health teaching, represents approximately 5.4 per cent of the time of the dental staff. The amount of time spent disseminating knowledge about dental care and diet to mothers is considered worthwhile since there remains room for great improvement in the state of teeth not only in children but also in adults. Much of this work is carried out in child health clinics although requests for talks are received from play groups and mothers' clubs.

## Premises and Equipment

At the end of 1972, the Authority had 40 fixed clinics with one surgery and 11 clinics with two or more surgeries, which together with the three mobile clinics, gave a total of 66 surgeries, an increase of 3 over the previous year. New health centres were completed and opened at Stifford Clays, Thurrock, containing one local authority dental surgery and suite, and at Vange, Basildon, containing two dental surgeries and suite. By the end of the year it had not been possible to open these dental clinics due to shortage of staff.

The County's third mobile dental clinic was delivered from the makers in April and was stationed initially at Great Yeldham Primary School and later in the year at Hedingham Secondary School, treating not only the pupils of the schools mentioned but also those from surrounding rural schools in the

district. Undoubtedly a mobile clinic enables much-needed dental services to be provided for a scattered rural community such as exists in the Halstead area of North-East Essex.

Planning of dental accommodation in new health services clinics in Canvey Island, Brentwood, Harlow Old Town and Central Grays was started in the year and much thought given to designing these so as to ensure pleasant up-to-date working conditions together with flexibility to allow for further developments in dentistry that may take place in coming years.

An order was placed in September for a fourth mobile dental clinic, the design incorporating certain changes, partly shown desirable by experience and partly to allow this clinic to be used for the treatment of handicapped children. The clinic will incorporate a wide rear door and retractable ramp to allow wheel chairs to be brought inside the surgery and if more convenient, handicapped children can be treated sitting in their wheelchairs rather than in the dental chair. It is hoped that delivery of this mobile dental clinic will be made in June 1973.

A steady programme of gradual replacement of obsolete items of equipment in surgeries was continued as far as finance would allow. Monitoring of all members of the dental staff for radiation from the use of x-rays was repeated and no case of undue dosage resulted. Once again industrial action with consequent interruptions to the electrical supply caused some loss of productive treatment but was minimised by re-arrangement wherever possible.

### **Visit of Inspection of the Dental Service**

A visit of inspection was made between 11th and 13th July by Mr. W. G. Everett, a dental officer of the Department of Education and Science, and a report from the Secretaries of State for Education and Science and for Social Services received in November. The report noted that the number of pre-school children inspected had increased steadily and welcomed the inclusion of information on school appointment cards and the pilot third birthday scheme in the Thurrock area. The report hoped that these measures would be successful in stimulating still more parents to bring their young children for early dental inspection and the provision of treatment where necessary.

The valuable contribution made to the Authority's Dental Service by mobile dental clinics was noted together with the probable need for a further increase in their number. The standard of dental accommodation was considered to be generally good with that in Laindon Health Centre particularly fine. Equipment was thought to be comprehensive and of a high standard and the report commended the Authority's programme of regular replacement of older items.

## Dental Health Education

Dental health education as a means of trying to prevent dental disease continued throughout the year, most of the work being carried out by the whole-time Dental Health Assistant and by some of the dental auxiliaries. Whilst most dental health teaching takes place in school, as much as possible is also done in child welfare clinics, playgroups and mothers' clubs. The Chief Dental Officer and other dental officers have accepted invitations to speak on dental health, usually at evening meetings of young wives' clubs and similar organisations. The help and support given by the County Health Education Officer and the staff of his department is gratefully acknowledged.

A meeting of staff members concerned with Dental Health Education was held towards the end of the year to assess critically all aspects of the programme. Whilst it is almost impossible to evaluate the success or otherwise of dental health education in statistical terms, the conclusion was reached that this type of work should continue unabated and many useful ideas were brought forward. Perhaps the most important, and indeed obvious, conclusion reached was that we should only teach those things that had been scientifically proved beyond any doubt. There was general agreement that fluoridation of water supplies would be the single most efficacious measure that could assist dental health education in preventing dental disease.

In the Annual Report for 1971 of the Chief Medical Officer of the Department of Health and Social Security entitled "On the State of the Public Health", Sir George Godber states that the dental health of children is continuing to improve but it is still grossly impeded by the failure to provide fluoridation of drinking water. He states: "The baseless opposition to this humane and safe measure in Britain makes a mockery of one aspect of the care of children's health".

## General Comments

Four whole-time dental officers attended a 2-day residential post-graduate course on "Orthodontics" at the University of Keele, Staffordshire, in April, and another four Dental Officers a 2-day course "The Dentist, His Team and the Community" at Oxford in September. Yet another four whole-time officers attended the Annual Conference of the British Dental Association held in Swansea during June.

Mr. J. M. Carr, Thurrock Area Dental Officer, duly completed the one-year course of study for the Diploma in Dental Public Health in July and Mr. P. R. J. Bush, Supervisory Dental Officer, Basildon commenced his studies in London for this Diploma in October.

Close liaison with other branches of the dental profession was maintained through the Local Dental Committee, regional meetings of Chief Dental Officers and the Advisory Committee for Dental Surgery to the North-East Metropolitan Regional Hospital Board. The Chief Dental Officer was invited to attend the prize-giving ceremony at the Training School for Dental Auxiliaries, New Cross, London.

The Essex Area Joint Liaison Committee was set up in July to carry out preparatory work in connection with National Health Service reorganisation and to assist the new health authorities when they are created in shadow form and the Chief Dental Officer by invitation attends all meetings as the observer for dentistry.

A one-day in-service training course for dental auxiliaries was held at the Medical Academic Unit at the Chelmsford and Essex Hospital in November, to which all the auxiliaries working in Essex were invited together with those from neighbouring authorities. Under the Chairmanship of the Chief Dental Officer, lectures were given by Mr. French and Mr. Carr, Area Dental Officers, and by the Director of the New Cross Training School for Dental Auxiliaries and by the Director of the Oral Hygiene Service. This was a most successful innovation and was considered by those who attended as most helpful in keeping up-to-date their knowledge of recent advances in dentistry.

Inevitably, the proposed reorganisation of the health services in 1974 has loomed large in the minds of staff, and as is only natural much thought has been given to the future and some anxiety felt as to the place of the salaried dental service in general and of the individual dental officer in particular. The Chief Dental Officer attended during March a 3-week D.H.S.S. sponsored integration course on N.H.S. reorganisation at the Kings Fund College, London, returning for a 2-day review conference in November. He and other dental officers have taken a full part in numerous multi-disciplinary working parties on reorganisation both within and outside the County. The Chief Dental Officer and several Area Dental Officers have been included in "attachment" schemes spending days in hospitals and with the N.H.S. Executive Council. In this way, senior members of the dental staff have not only gained a much wider view of health problems but have also been able to bring the special problems of dentistry to the notice of other health workers. In general, it can be asserted that the staff are more than willing and ready to co-operate in planning a better and more comprehensive dental service for special groups of patients e.g. the pre-school children, school children, handicapped children, expectant and nursing mothers, whilst future groups, who might well become the particular responsibility of the salaried service, include the elderly housebound and adult subnormals. Members of the dental service look forward to meeting the challenge of improving the extent and quality of dental care for the community.

JOHN TIMMIS

## AIRLIFT OF UGANDAN ASIAN IMMIGRANTS

Following the undertaking given by H.M. Government to accept into the United Kingdom Asians holding U.K. Passports who had been given notice to leave Uganda, arrangements were made for the main port of entry to be Stansted Airport in this County. At the request of the Department of Health and Social Security, and in conjunction with the Uganda Resettlement Board which was set up to organise the reception and resettlement of the Ugandan Asians, arrangements were put in hand early in September for the County Council to provide for medical screening and examination procedures to operate at the airport on a sufficient scale to cope with the expected influx.

To this end, a conference was held on 8th September, attended by all Area Medical Officers and Medical Officers of Health of Delegatee Authorities, or their representatives, to formulate a scheme which would ensure that every flight coming in to the airport was met by a team consisting of two Medical Officers, two nursing officers and two administrative staff. It was felt that, by this means, each flight consisting of approximately 189 passengers, would be medically screened with as little delay as possible. Each of the Health Areas and Delegatee Authorities were to provide a complete team for one day per week, with medical, nursing and administrative support from the central office. Arrangements were made by the North-East Metropolitan Regional Hospital Board for a fully staffed mobile x-ray unit to be stationed at the airport, and the St. John Ambulance Brigade were asked to arrange for an ambulance with a team of five personnel to be available for 24 hour cover, backed up by emergency vehicles from the County Ambulance Service as and when necessary.

A medical room was established at Airways House on the airport to enable full medical and x-ray examination and documentation of those families who were proceeding to home addresses to be carried out, if necessary in addition to the general screening, immediately following the documentation procedures of the Uganda Resettlement Board. Arrangements were made with appropriate hospitals for the immediate admission of emergency cases (medical, maternity or tropical disease) should this prove to be necessary. In addition, as a result of consultation with the Department of Health and Social Security and the Ministry of Defence, temporary accommodation for short-stay patients and their families was made available at the Colchester Military Hospital and this later proved to be extremely helpful.

The first flight arrived on 18th September, when a full medical team was in attendance, with the County Medical Officer of Health also present to observe procedures. In the light of experience gained from this flight it was evident that it would be possible to manage with one medical officer in each

team, rather than two, particularly as the vaccination state and medical documentation of the immigrants was found to be good. Similarly, as the flow of immigrants coming to the medical room was steady but slow, only one nursing officer was required.

It was found preferable, both from the point of view of the immigrants themselves and for convenience of medical checking, to ensure that complete families were admitted to the medical room together. That this was a wise decision was proved by the fact that, on a number of occasions, members of families were found at medical documentation who had been overlooked earlier in the documentation procedure by the Uganda Resettlement Board when only the heads of families were interviewed. With language difficulties and, particularly in the earlier stages of the airlift, the large numbers of persons going to home addresses in this country such errors were understandable.

Once the initial procedures had been established it was possible to take stock and see in what ways they might be improved. The first necessity was felt to be to improve the initial screening of all incoming passengers. With the ready co-operation of the Immigration Officers it was possible to arrange for them to check all vaccination certificates at the same time as they examined the immigrants' passports, thus leaving the medical and nursing staff free to see the passengers as they entered the immigration hall, to deal with any cases requiring attention and, at the same time, to be on the spot to complete any vaccination surveillance forms in respect of persons without valid vaccination certificates. Arrangements were also made for a card to be subsequently placed in every passport indicating the holder's vaccination state and whether or not a chest x-ray had been carried out.

Documentation procedures were also reviewed at this time as it was becoming clear that the extra load on the administrative and clerical staffs in the various Health Area offices was causing some difficulty, particularly as it was often necessary to provide two complete teams within a 24-hour period when planes were arriving in the early morning and late at night. As a result of this review, the documentation was simplified and it was then only necessary for one clerk to be provided for each team, whilst at the same time continuing to provide all the information necessary to enable the central office of the Health Department subsequently to give Medical Officers of Health all the necessary information about Asians proceeding to home addresses in their areas.

In consultation with the Organising Secretary and the Superintendent Radiographer of the Mass Radiography Unit, efforts were made to arrange for all incoming passengers to be x-rayed at Stansted, rather than limiting this to those who were proceeding to home addresses in this country. This was felt to be preferable as the unit could cope with the additional numbers involved and it would help to eliminate any chance of individuals being missed out. In addition, it seemed to be uneconomic for x-ray units to have to be placed at

each of the reception camps. However, after detailed discussions with representatives of the Uganda Resettlement Board at the airport, it was felt by the Board's officers that the physical limitations of the building used for the reception and documentation of the Asians precluded arrangements being made for all the incoming passengers to be x-rayed.

Perhaps one of the greatest problems in ensuring the attendance of a medical team at each flight arrival was the difficulty in obtaining reliable advance information of arrival times. This is not intended as a criticism of the arrangements at the airport but was the inevitable result of refuelling and other delays en route (particularly as scheduled flights always take preference over non-scheduled charter flights), and of weather conditions in this country. In order to be able to provide the medical teams with the latest available information in an effort to avoid abortive journeys, both Dr. R. D. Pearce, Deputy County Medical Officer of Health who was responsible for the overall medical supervision of the operation, and Mr. D. P. Flatt, Principal Administrative Officer with the responsibility for organising the documentation and records, remained on call for the whole of the eight weeks of the airlift, and were in constant touch with the airport authorities and the teams from the Health Areas. Unfortunately even this did not entirely avoid wasted journeys when flights were diverted at the last minute, or long waits for unforeseen delayed arrivals. It was particularly frustrating to staff who arrived at the airport in the early hours of the morning (5.30 a.m. was a favourite time for flight arrivals), knowing full well that the plane was on its way, only to learn that it had been diverted literally within minutes of the landing time due to fog on the runway. There was only one occasion when a flight arrived unexpectedly. This involved a plane due to land at Stansted at 4.00 a.m. but which was delayed at Benghazi due to an electrical fault. It was anticipated that the delay would be for 24 hours but during the course of that evening a message came through from the airport that the plane would arrive within half-an-hour. Fortunately Mr. Flatt lives only some 16 miles from the airport and without undue regard for speed restrictions, arrived within sight of the airport runway as the plane landed. This gave sufficient time for him to re-arrange procedures to enable the medical officer on duty, who had to travel a considerably greater distance, to carry out screening immediately upon his arrival and without any delay to the passengers, who by then had spent more than 24 hours on the journey, including many hours confined to the aircraft at Benghazi in extremely hot weather.

In general the medical condition of all the immigrants was good, with excellent documentation. Most had been protected against cholera and typhoid fever as well as smallpox. In the great majority of cases the immigrants were also in possession of letters from their own doctors in Uganda. At the time these documents were examined, the holders were advised what to do concerning the medical services generally when they arrived at their final destinations. (In many instances the interpreters

provided by the Uganda Resettlement Board were invaluable in ensuring that these instructions were fully understood by the Asians). Only approximately 2% of all the passengers did not possess vaccination certificates amongst their documents, and in many instances these were said to have been lost or mislaid. Nevertheless, surveillance forms were issued in every such case.

Some of the passengers, although not ill, were not considered fit, e.g. because of severe travel sickness, advanced pregnancy or certain types of infirmity, to travel to the more distant Resettlement Centres which were as far away as Devonshire, Merionethshire and Lancashire. Arrangements were therefore made for such passengers to be seen by the medical officer on duty who, if he thought necessary, issued a certificate so that the Resettlement Board staff were aware of the problem and could arrange for them to go to the nearest Centre, Stradishall, only some 25 miles from Stansted where a number of places had been reserved for those in this category.

At this point it may be of interest to quote some of the statistics arising from this whole operation. During the period 18th September to 9th November, 85 flights arrived at Stansted from Entebbe, bringing a total of 15,300 Asians, who were screened as mentioned previously. Of the total, 3,333 proceeded to home addresses in Britain and were therefore subject to further medical checks and chest x-ray examination before being allowed to proceed. 2,434 were x-rayed, the remainder being either children under 14 years of age, or pregnant mothers, and of this total, 59 abnormal x-ray reports were received, a number of these being due to technical reasons. The results of all abnormal reports were notified immediately to the Medical Officers of Health in the home areas so that the necessary follow-up procedures could be instituted. Of the 59 cases, only two called for immediate action, and 10 for early investigation.

Although, as I have mentioned earlier, the medical condition of the Asians was generally good, there were a number of instances where on their way to this country people appeared to have suffered at the hands of the Ugandan armed forces. These included a large group of people who were said to have been detained in a waiting room at Entebbe airport for many hours without food or drink in a temperature of over 100°F., guarded by armed soldiers who refused to allow them any of the normal facilities that common humanity dictates, as a result of which one infant who was travelling with his family arrived in a state of dehydration and was seriously ill, but subsequently recovered in hospital. On another occasion a passenger arrived with a bullet wound in his arm, having been shot for refusing to hand over his car keys to a group of soldiers.

One particularly sad case involved a tailor who had his own clothing business in Kampala. About a week before leaving Uganda he said his premises were ransacked by Ugandan soldiers in the course of which his wife was shot and killed by the military, and he arrived at Stansted with his small son, having lost his wife, his business, his house, and virtually everything he owned. This, of course, was only one among many equally sad cases, such as

the householder with both hands fractured as a result, he said, of being clubbed with rifle butts when trying to defend himself and prevent his house being pillaged; and the young couple with their heads roughly bandaged having been set upon, robbed and beaten on their way to Entebbe airport.

When the passengers first arrived in the Immigration Hall at Stansted airport they were almost invariably ill at ease and nervous (which, of course, was understandable) and it was significant that, particularly in the early stages of the operation, they tended to shrink away from anyone in uniform, which spoke volumes for the kind of treatment they had been suffering before being forced out of what, to them, was their own country. But it equally spoke volumes for the kindness and understanding shown by the Airport staff, the Resettlement Board staff, the volunteers and other officials they came in contact with, that by the time they were ready to leave Stansted, their demeanour was very different and they were markedly more cheerful and relaxed.

It should be mentioned that sadness did not prevail during the whole operation. In the later stages, when police protection was available between Kampala and Entebbe, the Asians' situation was improved, due to the fact that the Ugandan police were a disciplined body, unlike the Army, and, in fact, acted as a form of protection against the Army personnel, as a result of which the immigrants were able to retain most of their personal possessions and did not have to resort to hiding the family jewels in unusual places!

The staff on duty in the medical room also remember with pleasure the reunion between an aged beturbanned patriarch, who arrived from Uganda alone, confused and speaking no English, and his son whom he had not seen for twenty years and who turned up at Airways House at that precise moment on the offchance that he might find his father.

One other lighter moment which is worthy of mention in an otherwise sombre catalogue, concerns the scene in the baggage hall at three o'clock on a dreary morning, with some 150 Asians waiting for their luggage, attended by weary staff and volunteers. Amongst the baggage entering the hall on the conveyor appeared a parrot in a cage, which travelled round and round on the conveyor unclaimed for a number of laps, with the parrot calling a raucous "good morning". The whole atmosphere in the arrivals concourse underwent an immediate improvement at the sheer unconscious comedy of the situation.

My report on this operation would not be complete without a sincere tribute to the Airport staff, the staff of the Uganda Resettlement Board and the volunteers from the British Red Cross and St. John Ambulance Brigade, the W.R.V.S., Rotary Clubs, Women's Institutes and many other organisations, whose co-operation and cheerful assistance went a long way to ease a difficult task. Special mention should be made of the members of the C.S.V., mostly students who formed part of the "permanent staff" of the resettlement organisation at the airport. They were in fact resident in Airways House and manned the enquiry desk, telephone exchange, telex room and

other similar facilities 24 hours a day, seven days a week. They were a constant help and a mine of information, and nothing seemed too much trouble for them.

Finally, I would like to express my sincere thanks to the staff of the Health Department, particularly Dr. R. D. Pearce, Mr. D. P. Flatt, the medical officers, nursing officers and other administrative staff — who made up the teams throughout the whole of this operation. They were all volunteers and responded magnificently to the emergency situation. Their cheerfulness in adverse circumstances, their solicitude for the immigrants and their efficiency in carrying out their duties, helped enormously towards the successful completion of this difficult task.

TABLE I – POPULATION, BIRTHS, DEATHS AND ANNUAL RATES 1972

	<i>Population 1971 Census</i>	<i>Estimated Mid-year population 1971</i>	<i>Estimated Net Migration</i>	<i>Live Births</i>		<i>Deaths</i>		<i>Infant Deaths</i>		<i>Deaths under 1 week</i>	<i>Perinatal Mortality Rate+</i>		
				No.	Rate *	No.	Rate *	No.	Rate †	Stillbirths			
Harwich	14,926	14,830	14,960	91	248	16.6	209	14.0	8	32	2	5	28
Brightlingsea U.	6,515	6,470	6,750	247	124	18.4	91	13.5	—	—	1	—	8
Clacton U.	38,070	37,880	38,500	1,025	390	10.1	795	20.6	3	8	4	1	13
Frinton and Walton U.	12,475	12,360	12,710	554	93	7.3	297	23.4	2	22	1	2	32
Halstead U.	7,632	7,710	7,810	83	139	17.8	122	15.6	1	7	1	1	14
West Mersea U.	4,148	4,140	4,430	295	54	12.2	59	13.3	—	—	—	—	—
Wivenhoe U.	5,316	5,270	5,560	253	85	15.3	48	8.6	1	12	—	—	—
Halstead R.	19,507	19,430	19,700	217	310	15.7	257	13.0	3	10	4	—	13
Lexden and Winstree R.	32,161	32,270	33,570	1,123	549	16.4	372	11.1	12	22	5	5	18
Tendring R.	30,427	30,220	30,720	417	477	15.5	394	12.8	—	—	5	—	10
<b>NORTH-EAST ESSEX</b>	<b>171,177</b>	<b>170,580</b>	<b>174,710</b>	<b>4,305</b>	<b>2,469</b>	<b>14.1</b>	<b>2,644</b>	<b>15.1</b>	<b>30</b>	<b>12</b>	<b>23</b>	<b>14</b>	<b>15</b>
Chelmsford B.	58,194	58,050	58,330	-236	986	16.9	470	8.1	11	11	12	9	21
Maldon B.	13,891	13,850	14,280	338	278	19.5	186	13.0	2	7	4	2	21
Braintree and Bocking U.	24,856	24,480	25,520	836	501	19.6	297	11.6	4	8	2	2	8
Brentwood U.	58,277	58,060	58,620	402	802	13.7	644	11.0	12	15	9	8	21
Burnham-on-Crouch U.	4,619	4,630	4,750	106	73	15.4	59	12.4	—	—	—	—	—
Witham U.	17,381	17,390	18,520	864	428	23.1	162	8.7	4	9	7	4	25
Braintree R.	24,008	23,760	24,400	465	431	17.7	256	10.5	6	14	3	5	18
Chelmsford R.	71,027	71,980	74,580	2,111	1,155	15.5	666	8.9	13	11	12	6	15
Maldon R.	22,026	22,080	22,830	544	427	18.7	221	9.7	2	5	—	1	2
<b>MID-ESSEX</b>	<b>294,279</b>	<b>294,280</b>	<b>301,830</b>	<b>5,430</b>	<b>5,081</b>	<b>16.8</b>	<b>2,961</b>	<b>9.8</b>	<b>54</b>	<b>11</b>	<b>49</b>	<b>37</b>	<b>17</b>
Benfleet U.	48,050	48,140	48,960	507	768	15.7	455	9.3	9	12	8	6	18
Canvey Island U.	26,624	26,920	28,170	908	609	21.6	267	9.5	8	13	8	6	23
Rayleigh U.	26,299	26,390	26,720	256	335	12.5	261	9.8	1	3	1	1	6
Rochford R.	42,170	41,450	42,070	370	729	17.3	479	11.4	6	8	8	3	15
<b>SOUTH-EAST ESSEX</b>	<b>143,143</b>	<b>142,900</b>	<b>145,920</b>	<b>2,041</b>	<b>2,441</b>	<b>16.7</b>	<b>1,462</b>	<b>10.0</b>	<b>24</b>	<b>10</b>	<b>25</b>	<b>16</b>	<b>17</b>
Saffron Walden B.	9,971	10,190	10,260	92	138	13.5	160	15.6	2	14	1	1	14
Chigwell U.	53,818	54,620	54,920	105	686	12.5	491	8.9	6	9	9	3	17
Epping U.	11,714	11,720	11,710	-62	160	13.7	108	9.2	2	13	—	2	13
Waltham Holy Cross U.	14,595	14,470	14,590	-9	249	17.1	120	8.2	2	8	2	1	12
Dunmow R.	23,674	24,060	24,470	303	363	14.8	256	10.5	4	11	4	3	19
Epping and Ongar R.	43,003	43,340	43,600	73	599	13.7	412	9.4	12	20	6	7	21
Saffron Walden R.	20,848	21,120	21,670	361	392	18.1	203	9.4	3	8	5	3	20
<b>WEST ESSEX</b>	<b>177,623</b>	<b>179,520</b>	<b>181,220</b>	<b>863</b>	<b>2,587</b>	<b>14.3</b>	<b>1,750</b>	<b>9.7</b>	<b>31</b>	<b>12</b>	<b>27</b>	<b>20</b>	<b>18</b>
<b>HARLOW U.</b>	<b>78,087</b>	<b>77,920</b>	<b>79,020</b>	<b>312</b>	<b>1,204</b>	<b>15.2</b>	<b>416</b>	<b>5.3</b>	<b>24</b>	<b>20</b>	<b>11</b>	<b>15</b>	<b>21</b>
<b>THURROCK U.</b>	<b>125,088</b>	<b>125,030</b>	<b>127,090</b>	<b>945</b>	<b>2,219</b>	<b>17.5</b>	<b>1,104</b>	<b>8.7</b>	<b>37</b>	<b>17</b>	<b>27</b>	<b>24</b>	<b>23</b>
<b>BASILDON U.</b>	<b>129,330</b>	<b>129,900</b>	<b>134,330</b>	<b>3,166</b>	<b>2,276</b>	<b>16.9</b>	<b>1,012</b>	<b>7.5</b>	<b>43</b>	<b>19</b>	<b>18</b>	<b>26</b>	<b>19</b>
<b>COLCHESTER B.</b>	<b>76,531</b>	<b>76,710</b>	<b>78,790</b>	<b>1,623</b>	<b>1,334</b>	<b>16.9</b>	<b>877</b>	<b>11.1</b>	<b>29</b>	<b>22</b>	<b>15</b>	<b>14</b>	<b>21</b>
<b>ADMINISTRATIVE COUNTY</b>	—	—	1,222,910	18,685	19,611	16.0	12,226	10.0	272	13.9	195	166	18.2
Administrative County, 1971	1,195,258	1,196,840	—	—	20,738	17.3	11,734	9.8	286	13.8	218	188	19.4

\*per 1,000 estimated population

†per 1,000 live births

+per 1,000 total births

TABLE II - CAUSES OF DEATH BY AGE, 1972

B.List Number	Cause of Death	Males									Females								
		0-	15-	25-	35-	45-	55-	65-	75-	Total	0-	15-	25-	35-	45-	55-	65-	75-	Total
5,6	Tuberculosis	-	-	-	-	3	2	6	1	12	-	-	-	1	2	-	2	3	8
1-4, 7-18	Other infective and parasitic diseases	6	1	-	-	1	3	6	1	18	2	1	-	3	6	2	3	3	8
19(1)	Malignant neoplasm, buccal cavity and pharynx	-	-	-	-	2	1	3	13	19	-	-	-	2	1	-	6	9	21
19(2)	Malignant neoplasm, oesophagus	-	-	-	-	2	5	14	5	26	-	-	-	1	4	2	4	4	25
19(3)	Malignant neoplasm, stomach	-	-	-	-	10	37	60	44	151	-	-	-	1	4	15	27	44	180
19(4)	Malignant neoplasm, intestine	-	-	-	-	6	17	34	47	139	-	-	-	1	4	1	2	1	5
19(5)	Malignant neoplasm, larynx	-	-	-	-	1	3	4	3	11	-	-	-	1	9	33	31	28	103
19(6)	Malignant neoplasm, lung and bronchus	-	-	-	-	6	35	173	250	565	-	-	-	2	2	1	2	1	5
19(7)	Malignant neoplasm, breast	-	-	-	-	-	1	1	-	2	-	-	-	3	22	45	70	66	275
19(8)	Malignant neoplasm, uterus	-	-	-	-	-	-	-	-	-	-	-	-	1	3	18	20	27	19
19(9)	Malignant neoplasm, prostate	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19(10)	Leukaemia	6	2	1	2	4	8	8	9	40	3	2	2	4	1	1	3	13	29
19(11)	Other malignant (incl. lymphatic etc.) neoplasms	5	7	9	15	34	83	99	88	340	3	5	5	16	51	86	103	111	380
20	Benign neoplasms and neoplasms of unspecified nature	-	2	-	-	3	5	4	3	17	1	1	-	2	1	3	3	2	13
21	Diabetes mellitus	-	-	-	2	-	3	13	18	36	1	-	-	3	7	37	56	104	
22, 46(1)	Other endocrine, nutritional and metabolic diseases	4	-	-	1	4	1	4	4	18	1	-	-	1	1	1	2	7	12
23, 46(2)	Diseases of blood and blood forming organs	1	-	-	1	-	-	2	10	14	-	-	-	1	-	1	1	2	7
46(3)	Mental disorders	-	1	-	-	2	4	3	6	16	-	-	-	1	1	1	5	11	18
24, 46(4)	Diseases of the nervous system and sense organs	6	1	1	3	7	13	13	18	62	6	4	2	3	6	14	21	39	95
26	Chronic rheumatic heart disease	-	-	2	2	3	12	21	12	52	-	-	1	3	9	22	27	28	90
27	Hypertensive disease	-	-	-	3	5	13	16	23	60	-	-	1	2	3	5	26	53	90
28	Ischaemic heart disease	-	-	3	36	183	363	661	599	1,845	-	-	-	5	22	112	316	812	1,267
29	Other forms of heart disease	2	2	4	8	17	64	179	276	-	-	1	1	3	10	59	222	296	
30	Cerebrovascular disease	2	3	3	27	75	181	396	687	-	3	1	6	23	56	230	752	1,071	
25, 46(6)	Other diseases of the circulatory system	-	-	3	10	24	70	123	230	-	-	1	4	6	16	45	179	251	
31	Influenza	1	-	-	1	5	10	12	29	-	-	1	1	3	9	27	40		
32	Pneumonia	18	3	2	1	6	31	119	290	470	10	2	-	2	12	16	83	446	571
33(1)	Bronchitis, emphysema	-	-	-	8	41	151	155	355	-	-	1	1	5	14	27	57	105	
33(2)	Asthma	2	2	2	1	-	4	3	1	15	1	1	-	3	4	4	5	18	
46(7)	Other diseases of the respiratory system	14	1	-	1	2	8	13	24	63	5	1	-	3	4	4	33	50	
34	Peptic ulcer	-	-	1	1	1	4	13	22	41	-	-	-	1	1	7	21	29	
36	Intestinal obstruction and hernia	4	-	-	1	-	1	4	4	8	21	-	-	1	3	4	10	26	45
35,37,46(8)	Other diseases of the digestive system	-	-	1	2	6	12	15	16	52	1	2	2	1	10	18	16	40	89
38	Nephritis and nephrosis	-	1	2	-	4	5	11	11	34	-	-	1	2	1	8	15	27	
39	Hyperplasia of prostate	-	-	-	-	-	1	5	14	20	-	-	-	1	4	12	37	55	
46(9)	Other diseases of the genito-urinary system	1	-	-	-	-	2	8	24	35	1	-	-	2	1	-	-	-	
40,41	Complications of pregnancy, childbirth and puerperium	-	-	-	-	-	-	-	-	-	-	-	-	1	4	12	37	55	
46(10)	Diseases of the skin and subcutaneous tissue	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	-	3	
46(11)	Diseases of the musculo-skeletal system	-	-	-	1	-	2	5	6	14	1	-	-	3	1	1	8	13	
42	Congenital anomalies	31	2	2	2	1	1	2	5	14	42	41	-	1	1	6	13	26	48
43,44	Certain causes of perinatal mortality	73	-	-	-	-	-	-	-	73	48	-	-	-	-	-	2	45	
45	Symptoms and ill-defined conditions	13	1	-	-	-	-	2	17	33	9	1	-	-	-	-	-	48	
47	Motor vehicle accidents	12	31	13	10	7	12	11	8	104	4	10	4	2	2	4	1	67	78
48	All other accidents	10	12	5	5	11	15	11	25	94	6	1	-	3	3	7	6	37	
49	Suicide and self inflicted injuries	-	3	6	6	6	12	8	2	43	-	1	2	1	5	6	6	58	
50	All other external causes	-	2	-	1	-	1	-	-	4	1	2	1	1	3	2	1	31	
ALL CAUSES		206	77	54	118	416	1,054	1,970	2,385	6,280	145	37	37	102	291	597	1,295	3,442	5,946

## DEATHS FROM B LIST CAUSES NOT SHOWN SEPARATELY ABOVE

B 1	Cholera	0	B 9	Whooping cough	0	B 22	Avitaminosis and other nutritional deficiency	4
B 2	Typhoid fever	0	B 10	Streptococcal sore throat and scarlet fever	0	B 23	Anaemias	31
B 3	Bacillary dysentery and amoebiasis	0	B 11	Meningococcal infection	2	B 24	Meningitis	7
B 4	Enteritis and other diarrhoeal diseases	6	B 12	Acute poliomyelitis	0	B 25	Active rheumatic fever	0
B 5	Tuberculosis of respiratory system	11	B 13	Smallpox	0	B 35	Appendicitis	7
B 6(1)	Late effects of respiratory tuberculosis	7	B 14	Measles	0	B 37	Cirrhosis of liver	29
B 6(2)	Other tuberculosis	2	B 15	Typhus and other rickettsioses	0	B 40	Abortion	0
B 7	Plague	0	B 16	Malaria	0	B 43	Birth injury, difficult labour and other anoxic and hypoxic conditions	76
B 8	Diphtheria	0	B 17	Syphilis and its sequelae	2			

TABLE III – PRINCIPAL CAUSES OF DEATH IN HEALTH AREAS AND COUNTY DISTRICTS, 1972

Health Area and County District	Tuberculosis	Malignant neoplasm, stomach	Malignant neoplasm, intestine	Malignant neoplasm, lung, bronchus	Malignant neoplasm, breast	Malignant neoplasm, uterus	Malignant neoplasm, prostate	Leukaemia	Other malignant (incl. lymphatic etc) neoplasms	Diabetes mellitus	Chronic rheumatic heart disease	Hypertensive disease	Ischaemic heart disease	Other forms of heart disease	Cerebro-vascular disease	Other diseases of circulatory system	Influenza	Pneumonia	Bronchitis, emphysema	Asthma	Other diseases of respiratory system	Peptic ulcer	Intestinal obstruction and hernia	Nephritis and nephrosis	Hyperplasia of prostate	Congenital anomalies	Birth injury, difficult labour etc.	Motor vehicle accidents	All other accidents	Suicide and self inflicted injury	All other causes	All causes	
Harwich B.	—	—	4	10	9	7	3	—	—	11	4	2	6	63	10	33	6	1	13	6	26	1	—	2	1	1	2	1	9	209			
Brightlingsea U.	—	—	2	—	5	1	1	1	—	7	7	—	25	3	25	3	6	15	58	12	—	3	2	1	1	3	4	91	795				
Clacton U.	—	21	23	48	19	5	3	—	4	51	2	5	2	201	79	134	18	1	15	12	—	4	2	1	3	4	1	15	297				
Frinton and Walton U.	1	7	6	17	6	2	—	—	6	24	1	1	2	32	3	22	6	—	6	3	—	—	2	1	3	3	11	122					
Halstead U.	—	—	4	5	9	2	—	—	1	—	—	—	2	3	8	2	—	4	2	—	—	—	—	—	—	59	257						
West Mersea U.	—	—	3	1	1	1	3	—	—	4	—	—	16	2	7	3	—	2	2	—	—	—	—	—	—	2	48						
Wivenhoe U.	—	—	—	—	1	—	—	—	—	14	6	4	4	72	10	43	5	2	22	10	—	4	1	—	—	—	16	372					
Halstead R.	1	4	7	10	4	3	—	—	3	4	21	6	3	7	98	22	45	10	9	32	14	—	2	7	8	3	39	394					
Lexden and Winstree R.	—	3	8	11	6	—	3	4	25	2	2	8	103	22	93	15	2	30	13	2	2	—	5	6	2	13	13						
Tendring R.	1	1	10	16	7	3	6	2	25	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
<b>NORTH-EAST ESSEX</b>	<b>3</b>	<b>49</b>	<b>70</b>	<b>127</b>	<b>53</b>	<b>20</b>	<b>14</b>	<b>11</b>	<b>164</b>	<b>31</b>	<b>25</b>	<b>34</b>	<b>709</b>	<b>178</b>	<b>450</b>	<b>94</b>	<b>22</b>	<b>189</b>	<b>90</b>	<b>9</b>	<b>17</b>	<b>14</b>	<b>12</b>	<b>10</b>	<b>1</b>	<b>15</b>	<b>5</b>	<b>24</b>	<b>38</b>	<b>13</b>	<b>153</b>	<b>2,644</b>	
Chelmsford B.	1	6	17	27	13	—	3	2	42	4	3	13	110	18	51	14	2	50	16	2	4	2	3	6	1	2	2	11	4	6	35	470	
Maldon B.	—	3	8	6	5	—	2	1	11	4	—	1	34	5	44	8	—	19	9	1	—	1	1	1	1	1	1	1	17	186			
Braintree and Bocking U.	—	4	10	11	3	2	4	1	21	3	3	3	55	19	50	12	1	42	9	3	1	—	2	1	3	1	5	7	2	17	297		
Brentwood U.	2	11	17	34	19	3	9	—	42	1	6	5	142	24	100	27	1	66	31	—	1	—	2	3	—	1	1	7	5	9	4	71	644
Burnham-on-Crouch U.	—	—	—	3	2	—	1	—	2	1	—	—	18	3	12	2	—	6	1	—	—	—	—	—	—	2	—	6	59	162			
Witham U.	—	1	—	9	6	—	—	—	14	3	—	—	54	7	14	6	1	17	5	—	1	—	—	—	—	1	1	2	2	8	21	256	
Braintree R.	1	4	4	15	6	2	2	1	16	4	3	4	61	13	25	14	—	30	4	3	1	1	5	4	8	8	4	44	666				
Chelmsford R.	1	6	22	27	20	1	12	4	48	7	6	8	172	32	75	33	3	84	20	—	3	4	3	1	5	4	14	1	16	221			
Maldon R.	1	—	7	7	5	2	1	—	11	2	3	3	55	9	32	8	2	26	3	1	2	3	1	—	1	—	5	14	1				
<b>MID-ESSEX</b>	<b>6</b>	<b>35</b>	<b>85</b>	<b>139</b>	<b>79</b>	<b>10</b>	<b>34</b>	<b>9</b>	<b>207</b>	<b>29</b>	<b>24</b>	<b>37</b>	<b>701</b>	<b>130</b>	<b>403</b>	<b>124</b>	<b>10</b>	<b>340</b>	<b>98</b>	<b>10</b>	<b>13</b>	<b>18</b>	<b>18</b>	<b>13</b>	<b>7</b>	<b>15</b>	<b>18</b>	<b>41</b>	<b>52</b>	<b>21</b>	<b>235</b>	<b>2,961</b>	
Benfleet U.	—	7	13	29	11	3	4	3	39	5	2	4	113	30	75	17	2	29	18	2	6	2	3	4	2	4	2	1	5	12	455		
Canvey Island U.	—	9	8	24	9	2	1	3	16	5	3	1	63	10	45	11	—	12	13	—	3	1	2	4	3	1	5	2	3	9	261		
Rayleigh U.	1	6	5	14	4	3	2	2	21	4	—	4	54	12	64	8	1	13	13	—	4	4	1	2	2	1	2	4	4	25	479		
Rochford R.	2	10	13	23	7	1	5	—	22	6	10	7	102	14	132	19	6	26	21	—	4	4	4	1	2	2	1	2	4	25	1,462		
<b>SOUTH-EAST ESSEX</b>	<b>3</b>	<b>32</b>	<b>39</b>	<b>90</b>	<b>31</b>	<b>9</b>	<b>12</b>	<b>8</b>	<b>98</b>	<b>20</b>	<b>15</b>	<b>16</b>	<b>332</b>	<b>66</b>	<b>316</b>	<b>55</b>	<b>9</b>	<b>80</b>	<b>65</b>	<b>2</b>	<b>17</b>	<b>7</b>	<b>10</b>	<b>6</b>	<b>4</b>	<b>11</b>	<b>6</b>	<b>11</b>	<b>13</b>	<b>8</b>	<b>71</b>	<b>1,750</b>	
Saffron Walden B.	—	3	2	2	2	2	2	3	2	10	2	—	1	34	4	25	14	3	30	4	—	2	1	4	2	4	5	7	24	491			
Chigwell U.	1	14	15	32	13	5	6	3	36	5	5	12	122	23	57	14	4	43	15	1	4	3	1	—	2	1	2	2	3	108			
Epping U.	—	—	2	3	2	1	3	2	10	—	5	—	32	5	8	8	1	10	5	—	1	—	1	2	2	2	1	—	7	120			
Waltham Holy Cross U.	—	4	4	13	3	—	—	2	6	1	2	3	30	4	12	3	—	9	6	—	1	—	1	2	2	2	7	—	19	256			
Dunmow R.	—	4	8	14	3	—	1	1	18	2	2	2	73	7	28	18	1	20	13	2	3	1	2	1	2	1	5	3	33	412			
Epping and Ongar R.	2	6	9	26	12	2	3	2	36	5	5	3	133	22	29	21	2	25	11	1	6	1	—	3	—	1	2	3	8	203			
Saffron Walden R.	—	5	7	5	4	2	3	3	17	1	—	3	49	8	32	8	2	22	2	—	4	2	—	3	—	1	2	3	4	3			
<b>WEST ESSEX</b>	<b>3</b>	<b>36</b>	<b>47</b>	<b>95</b>	<b>39</b>	<b>12</b>	<b>19</b>	<b>15</b>	<b>133</b>	<b>16</b>	<b>19</b>	<b>24</b>	<b>473</b>	<b>73</b>	<b>191</b>	<b>86</b>	<b>13</b>	<b>159</b>	<b>56</b>	<b>4</b>	<b>20</b>	<b>9</b>	<b>8</b>	<b>18</b>	<b>5</b>	<b>12</b>	<b>7</b>	<b>18</b>	<b>25</b>	<b>13</b>	<b>102</b>	<b>1,750</b>	
<b>HARLOW U.</b>	<b>—</b>	<b>11</b>	<b>15</b>	<b>40</b>	<b>10</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>35</b>	<b>4</b>	<b>7</b>	<b>4</b>	<b>100</b>	<b>12</b>	<b>45</b>	<b>9</b>	<b>3</b>	<b>26</b>	<b>16</b>	<b>—</b>	<b>6</b>	<b>4</b>	<b>—</b>	<b>4</b>	<b>—</b>	<b>6</b>	<b>9</b>	<b>3</b>	<b>2</b>	<b>25</b>	<b>416</b>		
<b>THURROCK U.</b>	<b>2</b>	<b>25</b>	<b>22</b>	<b>73</b>	<b>20</b>	<b>17</b>	<b>8</b>	<b>6</b>	<b>65</b>	<b>19</b>	<b>20</b>	<b>15</b>	<b>286</b>	<b>46</b>	<b>112</b>	<b>52</b>	<b>5</b>	<b>90</b>	<b>52</b>	<b>2</b>	<b>16</b>	<b>10</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>10</b>	<b>15</b>	<b>18</b>	<b>16</b>	<b>7</b>	<b>67</b>	<b>1,104</b>	
<b>BASILDON U.</b>	<b>2</b>	<b>25</b>	<b>19</b>	<b>72</b>	<b>27</b>	<b>10</b>	<b>5</b>	<b>9</b>	<b>65</b>	<b>15</b>	<b>21</b>	<b>10</b>	<b>277</b>	<b>27</b>	<b>120</b>	<b>35</b>	<b>4</b>	<b>58</b>	<b>47</b>	<b>4</b>	<b>14</b>	<b>5</b>	<b>7</b>	<b>3</b>	<b>1</b>	<b>11</b>	<b>9</b>	<b>12</b>	<b>10</b>	<b>7</b>	<b>81</b>	<b>1,012</b>	
<b>COLCHESTER B.</b>	<b>1</b>	<b>12</b>	<b>22</b>	<b>32</b>	<b>18</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>48</b>	<b>6</b>	<b>11</b>	<b>10</b>	<b>234</b>	<b>40</b>	<b>121</b>	<b>26</b>	<b>3</b>	<b>99</b>	<b>36</b>	<b>2</b>	<b>10</b>	<b>3</b>	<b>7</b>	<b>4</b>	<b>1</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>21</b>	<b>3</b>	<b>68</b>	<b>877</b>	
<b>ADMINISTRATIVE COUNTY</b>	<b>20</b>	<b>225</b>	<b>319</b>	<b>668</b>	<b>277</b>	<b>88</b>	<b>99</b>	<b>69</b>	<b>815</b>	<b>140</b>	<b>142</b>	<b>150</b>	<b>3,112</b>	<b>572</b>	<b>1,758</b>	<b>481</b>	<b>69</b>	<b>1,041</b>	<b>460</b>	<b>33</b>	<b>113</b>	<b>70</b>	<b>66</b>	<b>61</b>	<b>20</b>	<b>87</b>	<b>76</b>	<b>141</b>	<b>178</b>	<b>74</b>	<b>802</b>	<b>12,226</b>	
1971	19	267	369	672	272	71	89	73	761	121	120	164	2,885	533	1,698	518	14	797	466	32</td													

TABLE IV – DEATHS BY AGE IN HEALTH AREAS AND COUNTY DISTRICTS, 1972

Health Area and County District	MALES												FEMALES												All ages	GRAND TOTAL
	Under 4 wks	4 wks - 1 yr	1-	5-	15-	25-	35-	45-	55-	65-	75-	All ages	Under 4 wks	4 wks - 1 yr	1-	5-	15-	25-	35-	45-	55-	65-	75-	All ages		
Harwich B.	3	1	—	—	2	1	8	13	35	38	101	3	—	1	—	—	—	3	7	15	24	55	108	209		
Brightlingsea U.	—	—	—	—	1	—	1	3	6	20	18	49	—	—	—	—	1	2	1	12	26	42	91			
Claeton U.	1	1	1	—	3	2	3	10	51	158	176	406	—	—	1	—	2	1	3	1	7	36	90	248		
Frinton and Walton U.	2	—	—	—	2	—	3	3	17	66	66	159	—	—	—	—	—	—	—	5	10	36	87	138		
Habstead U.	1	—	—	—	1	—	3	3	8	23	22	61	—	—	—	—	—	—	—	1	1	10	18	31		
West Mersea U.	—	—	—	—	—	1	1	—	6	8	16	32	—	—	—	—	—	—	—	2	2	4	9	15		
Wivenhoe U.	—	—	—	—	1	1	2	—	2	3	26	42	50	128	—	1	—	1	1	—	2	3	31	90		
Halstead R.	—	2	—	—	1	1	—	—	1	4	11	12	30	1	—	—	—	—	—	—	2	4	11	18		
Leaden and Winstree R.	2	3	—	2	4	1	—	10	28	67	71	188	4	3	—	—	1	1	—	2	2	6	15	257		
Tendring R.	—	—	—	2	1	1	4	7	33	66	94	208	—	—	—	—	1	—	2	2	6	15	39	184		
NORTH-EAST ESSEX	9	7	1	7	14	7	18	48	192	496	563	1,362	8	6	—	4	3	6	12	35	112	289	807	1,282	2,644	
Chelmsford B.	5	1	1	1	5	2	6	19	37	79	90	246	4	1	—	2	2	1	5	9	31	50	119	224	470	
Maldon B.	—	—	1	—	1	—	—	—	7	11	22	38	80	2	—	—	1	—	1	1	4	10	19	68	106	
Braintree and Bocking U.	1	1	—	—	—	—	2	13	22	34	60	133	1	1	—	—	1	3	2	2	5	14	28	107	164	
Brentwood U.	5	1	1	1	5	1	4	23	60	81	116	298	4	2	—	—	2	—	5	21	32	71	209	346	644	
Burnham-on-Crouch U.	—	—	—	—	—	—	—	—	1	7	12	13	33	—	—	—	—	1	—	—	—	6	19	36	59	
Witham U.	—	—	—	—	—	—	2	4	5	18	28	31	88	4	—	—	—	—	1	—	6	8	19	36	74	
Braintree R.	4	—	2	2	1	—	2	8	20	40	51	130	2	—	—	—	1	1	—	7	15	32	67	126	256	
Chelmsford R.	4	4	1	1	4	5	27	55	93	123	318	2	3	1	1	1	4	9	11	23	97	196	348	666		
Maldon R.	—	1	—	—	5	1	—	9	14	27	47	104	1	—	1	1	—	—	5	8	22	79	117	221		
MID-ESSEX	19	8	6	5	18	10	23	112	244	416	569	1,430	20	7	2	7	10	10	22	68	141	344	900	1,531	2,961	
Benfleet U.	3	2	1	—	4	2	6	15	36	76	89	234	4	—	—	—	2	2	3	11	17	39	143	221	455	
Canvey Island U.	4	1	1	1	—	2	2	7	24	41	61	144	2	1	—	—	—	—	3	8	16	26	67	123	267	
Rayleigh U.	—	—	—	1	—	2	3	16	18	40	65	145	1	—	—	—	—	—	2	4	10	21	78	116	261	
Rochford R.	2	1	—	1	2	—	3	17	30	70	122	248	1	2	—	—	—	—	1	3	11	23	41	149	231	
SOUTH-EAST ESSEX	9	4	2	3	6	6	14	55	108	227	337	771	8	3	—	—	2	3	11	34	66	127	437	691	1,462	
Saffron Walden B.	1	1	1	—	—	1	3	8	22	33	70	—	—	—	—	1	1	2	3	5	13	65	90	160		
Chigwell U.	2	2	2	—	3	5	4	20	53	84	84	259	2	—	1	—	1	3	4	15	26	51	129	232		
Epping U.	1	—	1	—	1	—	—	6	15	21	19	64	1	—	—	—	1	—	1	2	6	8	25	44		
Waltham Holy Cross U.	1	1	1	—	1	1	3	3	12	29	16	68	—	—	—	1	—	1	1	5	4	17	24			
Dunmow R.	1	1	1	1	—	1	2	3	20	40	59	128	2	—	1	1	1	—	2	7	9	29	76	128		
Epping and Ongar R.	4	2	—	1	2	1	4	19	45	64	89	231	5	1	1	—	—	—	10	12	19	46	87	181		
Saffron Walden R.	2	—	—	—	2	—	4	6	13	29	49	105	1	—	1	1	—	1	2	8	11	17	56	98		
WEST ESSEX	12	7	6	1	9	8	18	60	166	289	349	925	11	1	4	3	4	5	22	52	80	181	462	825	1,750	
HARLOW U.	12	4	2	3	6	2	11	35	44	67	46	232	4	4	1	—	2	2	11	17	31	32	80	184	416	
THURROCK U.	16	6	3	3	14	7	13	34	126	190	186	598	13	2	2	2	11	7	11	39	73	111	235	506		
BASILDON U.	17	9	3	1	6	9	15	41	115	164	176	556	12	5	—	1	3	2	9	26	49	102	247	456	1,012	
COLCHESTER B.	7	8	1	5	4	5	6	31	59	121	159	406	9	5	—	1	2	2	4	20	45	109	274	471	877	
ADMINISTRATIVE COUNTY	101	53	24	28	77	54	118	416	1,054	1,970	2,385	6,280	85	33	9	18	37	37	102	291	597	1,295	3,442	5,946	12,226	
Administrative County	1971	137	36	35	37	93	69	139	419	1,060	1,857	2,239	6,121	82	31	18	19	36	41	89	296	561	1,224	3,216	5,613	11,734
	1970	113	57	42	43	63	68	132	411	1,056	1,793	2,268	6,046	86	41	25	32	38	45	98	277	553	1,262	3,163	5,620	11,666
	1969	114	43	39	41	68	68	133	399	1,117	1,810	2,277	6,109	79	35	25	16	35	33	116	251	637	1,245	3,223	5,695	11,804
	1968	119	52	35	35	75	64	131	376	980	1,735	2,251	5,853	81	43	19	24	22	32	95	244	559	1,278	3,300	5,697	11,550
	1967	144	60	27	37	80	51	142	403	929	1,574	2,022	5,469	92	41	25	19	36	28	113	277	550	1,204	2,868	5,253	10,722

TABLE V – INFECTIOUS AND OTHER NOTIFIABLE DISEASES, 1972

Health Area and County District	Scarlet Fever	Whooping Cough	Measles	Tuberculosis, respiratory	Tuberculosis, meninges and C.N.S.	Tuberculosis, other	Acute meningitis	Dysentery	Food poisoning	Infectious jaundice	Others	Total
Harwich B.	1	—	248	1	—	—	—	—	1	—	—	251
Brightlingsea U.	—	—	52	—	—	—	—	—	—	—	—	53
Clacton U.	6	1	62	—	—	1	—	—	—	1	—	70
Frinton and Walton U.	—	—	3	—	—	—	—	—	—	—	—	4
Halstead U.	—	—	3	1	—	—	—	—	—	—	—	4
West Mersea U.	—	—	—	—	—	—	—	—	—	—	—	—
Wivenhoe U.	—	2	—	—	—	—	—	—	—	—	—	—
Halstead R.	3	—	18	—	—	1	1	—	—	2	—	3
Lexden and Winstree R.	—	—	14	7	—	4	—	1	1	1	—	26
Tendring R.	3	—	67	2	—	1	—	1	—	1	—	27
NORTH-EAST ESSEX	14	3	467	11	—	7	1	3	2	5	—	513
Chelmsford B	12	—	16	4	—	2	—	1	1	6	—	42
Maldon B.	—	—	4	1	—	—	—	—	—	1	1	7
Braintree and Bocking U.	8	—	74	—	—	—	—	—	6	3	7	1
Brentwood U.	14	8	165	3	—	1	—	1	2	6	—	99
Burnham-on-Crouch U.	—	—	—	—	—	—	—	—	—	—	—	200
Witham U.	1	—	20	—	—	—	—	—	1	—	—	1
Braintree R.	4	—	33	—	—	—	—	—	75	4	4	104
Chelmsford R	14	5	16	11	1	—	—	—	—	2	3	42
Maldon R.	1	—	14	1	—	—	—	—	20	5	27	100
MID-ESSEX	54	13	342	20	1	3	—	103	19	57	3	615
Benfleet U.	12	1	197	4	—	—	—	—	7	11	—	232
Canvey Island U.	10	5	143	4	—	—	4	2	16	6	—	190
Rayleigh U.	5	—	19	4	—	—	1	—	14	5	—	48
Rochford R.	44	2	48	3	—	—	2	1	6	20	—	126
SOUTH-EAST ESSEX	71	8	407	15	—	—	7	3	43	42	—	596
Saffron Walden B.	14	—	—	1	—	—	1	—	—	1	—	17
Chigwell U.	3	4	27	7	—	2	1	8	2	7	1	62
Epping U.	—	—	3	1	—	—	—	2	—	—	—	6
Waltham Holy Cross U.	3	—	14	3	—	—	—	—	—	—	—	22
Dunmow R.	—	—	28	—	—	—	—	—	8	3	—	39
Epping and Ongar R.	5	—	37	6	—	—	—	1	4	2	—	55
Saffron Walden R.	11	2	71	2	—	—	—	—	4	2	—	92
WEST ESSEX	36	6	180	20	—	2	2	13	18	15	1	293
HARLOW U.	29	—	148	25	—	3	—	6	2	6	—	219
THURROCK U.	63	5	274	6	—	2	6	2	80	66	2	506
BASILDON U.	52	36	192	11	—	1	1	—	4	8	11	316
COLCHESTER B.	7	7	28	11	—	5	—	13	—	5	—	76
Administrative County	326	78	2,038	119	1	23	17	143	168	204	17†	3,134

†10 ophthalmia neonatorum, 2 paratyphoid fever, 1 typhoid fever, 1 tetanus, 1 malaria, 1 anthrax and 1 acute encephalitis (infective)



TABLE VI

**Refresher and Other Courses attended by Members  
of the Staff during 1972**

<i>Course</i>	<i>Organising Body</i>	<i>Staff attending</i>
“The Overhead Projector – Presentation and Learning”	National Audio Visual Aids Centre	Assistant Health Education Officer
“Multiple Sclerosis”	Queen’s Institute of District Nursing	17 District Nurses
Course on “The Diagnosis of Young Children with Handicaps”	Spastics Society	1 Medical Officer
Course for Assessors of Supervised Practice in Health Visiting	North-East London Polytechnic	3 Health Visitors
Course for Speech Therapists	Provincial Councils for Local Authorities’ Services	County Speech Therapist
Short Course for Health Visitors on “Hearing Testing Techniques”	Institute of Laryngology and Otology	9 Health Visitors
Induction Course	County Council of Essex	3 Clerical Assistants
“Study of Radio Communication – Emergency Reserve Channel”	Department of Health and Social Security	County Ambulance Officer
Chiropody Administration Course	Chelsea School of Chiropody	5 Chiropodists
Short Course on “The Diagnosis and Treatment of the Deaf Child”	Institute of Laryngology and Otology	1 Medical Officer
Health Service Management Course	North-East London Polytechnic	1 Nursing Officer
“The Place of Psycho-linguistics in Speech Development”	Spastics Society	County Speech Therapist 7 Speech Therapists
“The Unity of Medicine – The Theory and Practice of Integration”	Royal College of Physicians	Principal Medical Officer
Residential Course for General Practitioners, Health Visitors and Social Workers	Royal College of General Practitioners	1 Health Visitor

<i>Course</i>	<i>Organising Body</i>	<i>Staff attending</i>
Audiometry Course	University of Manchester	1 Clinic Nurse
Family Planning Appreciation Course	Family Planning Association	11 Health Visitors 5 Midwives
The Assessment and Education of Children and Young Adults who are Severely Handicapped Mentally	Department of Education and Science	1 Area Medical Officer
Audiology Course	University of Manchester	1 Medical Officer
Practical Work Instruction Course	Queen's Institute of District Nursing	2 District Nurses
Course on the Administration of the Griffiths Scales	The Wolfson Centre and Department of Developmental Paediatrics	3 Medical Officers
3 Week Management Course for Senior Officers	Local Government Training Board	1 Area Medical Officer
Health Visitors Re-entry Course	London Boroughs Training Committee	1 Health Visitor
Middle Management Course for Community Nursing Staff	Eastern Essex and Hertfordshire Provincial Councils	2 Nursing Officers
Multi-Professional Courses in the Management of Integrated Health Care	Department of Health and Social Security	Deputy County Medical Officer of Health, Chief Dental Officer
Post Certificate Refresher Course for Supervisors of Midwives	Association of Supervisors of Midwives	2 Supervisors of Midwives
Post Graduate Refresher Course on Orthodontics	British Dental Association	Chief Dental Officer 3 Dental Officers
Middle Management Course	Health Visitors' Association	1 Area Nursing Officer
Management Course for Nursing Staff	National Nursing Staff Committee	Divisional Nursing Officer
Refresher Course for State Registered Chiropodists	Chelsea School of Chiropody	Chief Chiropody Officer
Introduction Course on Psychiatry	Warley Hospital, Brentwood	4 District Nurses
Management Appreciation Course	Queen's Institute of District Nursing	2 Area Nursing Officers

<i>Course</i>	<i>Organising Body</i>	<i>Staff attending</i>
Fieldwork Instruction Course	North-East London Polytechnic	4 Health Visitors
Civil Defence Senior Officers Course	Department of Health and Social Security	County Ambulance Officer
Middle Management Course for Community Nursing Staff	Eastern Essex and Hertfordshire Provincial Councils	1 Area Nursing Officer
Course on Developmental Paediatrics	Cambridge and Isle of Ely County Council	3 Medical Officers
Two-day course on Clinical Procedures in General Practice	Queen's Institute of District Nursing	1 District Nurse
"Casualties and their management"	Royal College of General Practitioners	Assistant County Ambulance Officer
Course on "Training of Health Visitors in Teaching Techniques"	St. Osyth Training College	14 Health Visitors
Three week Management Course for Senior Officers – Follow-up Course	Local Government Training Board	1 Area Medical Officer
Bacteriology of Food – Inspection and Preservation Course	College of the Distributive Trades	Assistant County Health Inspector
Refresher Course for Chiropodists	London Foot Hospital	2 Chiropodists
Appliance Course for Chiropodists	London Foot Hospital	Chief Chiropody Officer 1 Chiropodist
Training Course for Speech Therapists	School for the Disorders of Human Communication	1 Speech Therapist
Course on the Reynell Developmental Language Scales	Wolfson Centre, London	18 Speech Therapists 4 Medical Officers
Health Education Course 5 – 13 years	Department of Education and Science	Assistant Health Education Officer
Paedodontic Course	Royal Dental Hospital	1 Dental Officer
Re-entry Refresher Course for Health Visitors	Health Visitors' Association	1 Health Visitor
Refresher Course for Medical Officers	The Society of Medical Officers of Health	Principal Medical Officer
Refresher Course for Dental Officers	The Society of Medical Officers of Health	5 Dental Officers

<i>Course</i>	<i>Organising Body</i>	<i>Staff attending</i>
Practical Work Instructors Course	Queen's Institute of District Nursing	3 District Nurses
Short Course on the Diagnosis and Treatment of the Deaf Child	Institute of Laryngology and Otology	3 Medical Officers
One-day Course on Dental Anaesthetics	Essex County Hospital	1 Dental Officer
Course on Dental Anaesthetics	Institute of Dental Surgery	1 Medical Officer
Introductory Course in Psychiatry for Social Workers, Health Visitors and District Nurses	Warley Hospital	3 Health Visitors
Liberal Studies Course	County Council of Essex	2 Clerical Assistants
Appraisal Course for Assessors of Supervised Practice in Health Visiting	North-East London Polytechnic	4 Health Visitors
Course on Planned Programming and Budgeting Systems	Royal Institute of Public Administration	2 Principal Administrative Officers
"Content of Education for the Mildly Mentally Handicapped"	Institute for Research into Mental Retardation	Principal Medical Officer
Course in Cerebral Palsy	Centre for Spastic Children	5 Medical Officers
Periodontology and Preventive Dentistry	Colchester and North-East Essex Postgraduate Medical Centre	4 Dental Officers
First Line Management Course	Thames Polytechnic School of Management	3 Nursing Officers
"The Use of Speech Therapy in the Management of Hearing Disorders"	British Society of Audiology	County Speech Therapist 1 Speech Therapist
Refresher Courses for Health Visitors	Health Visitors' Association	9 Health Visitors
Refresher Courses for Health Visitors	Royal College of Nursing	9 Health Visitors
Refresher Courses for District Nurses	Queen's Institute of District Nursing	30 District Nurses
Refresher Courses for District Midwives	Royal College of Midwives	31 District Midwives
Refresher Course for District Midwives	University of Keele	2 District Midwives

<i>Course</i>	<i>Organising Body</i>	<i>Staff attending</i>
Residential Course for Shop Stewards -- Improving Skills in Industrial Relations	Eastern Essex and Herts Joint Training Committee	10 Ambulance Driver/ Attendants
Residential Course for Supervisors of Manual Workers	Eastern Essex and Herts Joint Training Committee	7 Head Drivers (Ambulance)
Residential Course on Staff Management	Eastern Essex and Herts Joint Training Committee	1 Controller (Ambulance) 1 Station Officer (Ambulance)



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